

AB-166730

53

8001

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8001

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Herzog

2. DATE
OF
DEATH

9-4-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTIONBaltimore City Hospitals
4940 E astern Ave.

C. CITY OR TOWN

Baltimore

11-02

(If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

Mayfair Hotel-Charles St., & Mt. Royal Ave.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

B. DATE OF BIRTH

7-9-1885

9. AGE (In years
last birthday)

68

Under 1 Year
Months: Days# Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Herzog

14. MOTHER'S MAIDEN NAME

Josephine Schwartz

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT 4940 Eastern Ave. ADDRESS

Records: Baltimore City Hospitals-

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary Bilateral Advanced Tuberculosis 7 1/2 yrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-13-1953, to 9-4-1953 that I last saw the
deceased alive on 9-4-1953, and that death occurred at 10.30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

H. E. Johnson

23B. ADDRESS

M. D.

4940 Eastern Ave. Baltimore, Md.

23C. DATE SIGNED

9-5-1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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53 8002

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8002

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ida C. Chack

2. DATE
OF
DEATH

Sept 4-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

3808 Tudor Arms Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

13-07

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

May 27-1861

9. AGE (In years
last birthday)

92

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry Collins

14. MOTHER'S MAIDEN NAME

Martha Lewis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Lillian C. Sherman - 3808 Tudor Arms Ave

18.

422.1 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Arteriosclerotic Cardiac
DUE TO Vascular diseaseINTERVAL BETWEEN
ONSET AND DEATH

5 YRS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1950, to Sept 4, 1953, that I last saw the
deceased alive on Sept. 3, 1953, and that death occurred at 1:10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Lloyd E. Saylor M.D.

23B. ADDRESS

3902 Greenmount Ave.

23C. DATE SIGNED

Sept 5, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Sept 7-1953

24C. NAME OF CEMETERY OR CREMATORY

Evan's Presbyterian Burial

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Knox & Co. Inc. - 1217 St Paul St

ADDRESS

8903

8903

0-230
53 8003BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8003
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary N. Oest

2. DATE
OF
DEATH

9/4/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Md.

7-0

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto

C. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

2509 McElderry St.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

Female

White

Widowed

1/21/1873

80

12. CITIZEN OF
WHAT COUNTRY?

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

Housewife

Own Home

Balto. Md.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

(Unknown) Wolf

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

18. ADDRESS

Mrs. Thos. Killman n. Edwood Ave

18. 422.0 and 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Fatty degeneration of heart

DUE TO

Period of several years.

ANTECEDENT CAUSES

(B)

Tendency to diabetes.

DUE TO

Blood sugar 106 to 120

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from Jan, 2, 1945 to Apr 4, 1953 that I last saw the deceased alive on Apr 1, 1953 and that death occurred at 1 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Allen C. Durham

M. D.

3139 E. Patterson St.

Apr 5-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

9/7/53

Balto.

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

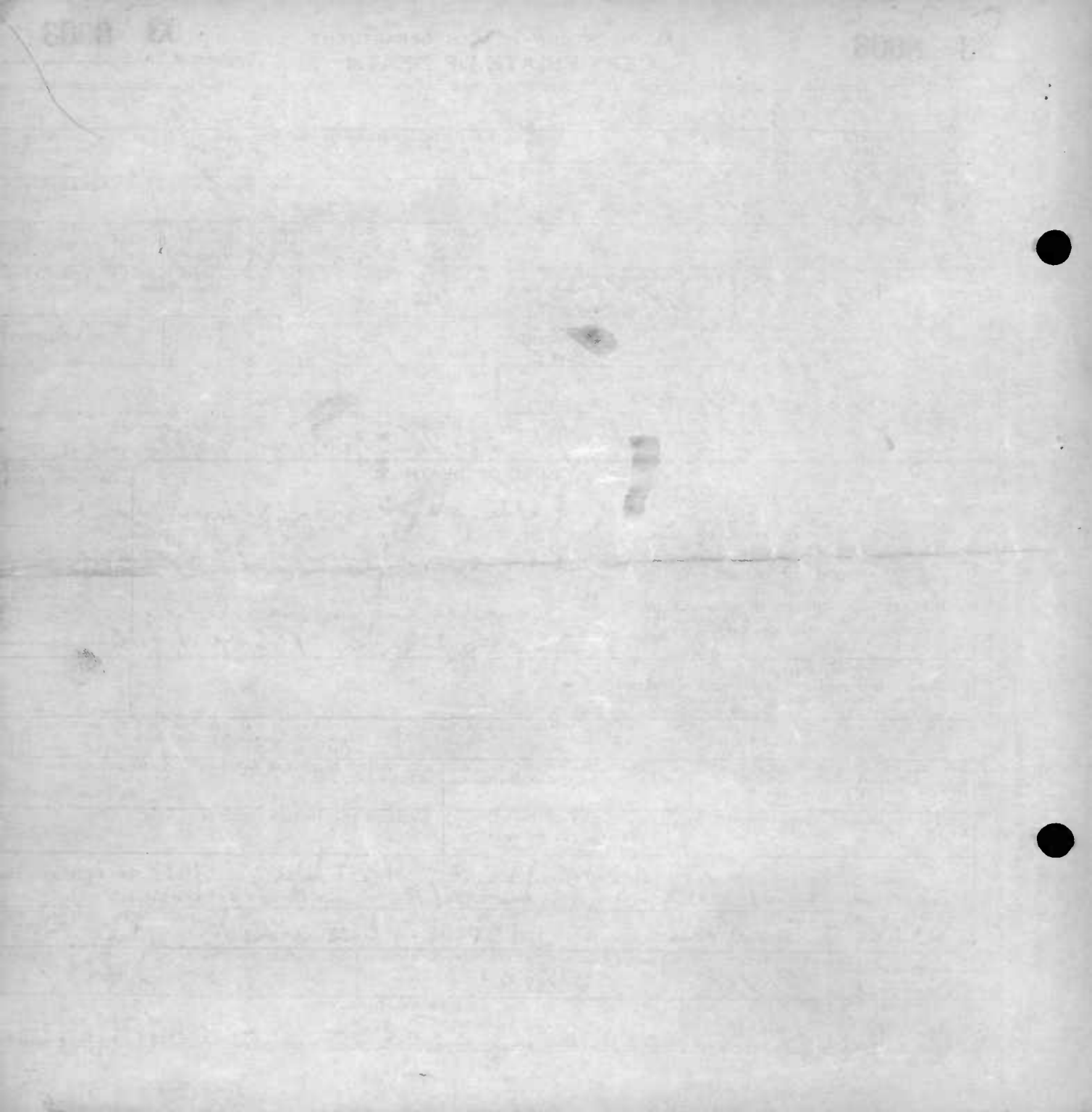
25. FUNERAL DIRECTOR

ADDRESS

SEP 6 1953

H. H. Cook Inc.

1217 St. Paul St.



AB-173516 13-4550

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8004

Registered No. _____

BIRTH NO. 53 8004			1. NAME OF DECEASED (Type or Print) Louis Blume			2. DATE OF DEATH 9-4-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-06		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.			D. STREET ADDRESS (If rural, give location) 2701 N. Charles St.			E. Yrs. Mos. Days		
c. Length of stay in Baltimore 18 days?			5. SEX M			6. COLOR OR RACE W		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced			8. DATE OF BIRTH May 22-1879			9. AGE (In years last birthday) 74		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Horse Trainer			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) N.Y.		
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME August G. Blume			14. MOTHER'S MAIDEN NAME Marie Brosang		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT 4940 Eastern Ave. Records: Baltimore City Hospitals		
18. 154X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma Of. Rectum						INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.								
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION 0			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED			IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21F. HOW DID INJURY OCCUR?			22. I hereby certify that I attended the deceased from 8-17-1953 , to 9-4-1953 , that I last saw the deceased alive on 9-4-1953 , 19 53 and that death occurred at 6.40 PM , from the causes and on the date stated above.					
23A. SIGNATURE H. J. [Signature]			23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.			23C. DATE SIGNED 9-4-1953		
24A. BURIAL, CREMATION, REMOVAL (Specify) cremation			24B. DATE Sept 7-1953			24C. NAME OF CEMETERY OR CREMATORY Greenmount		
24D. LOCATION (City, town, or county) Baltimore			24E. (State) Md					
DATE RECEIVED BY LOCAL REGISTRAR SEP 6-1953			REGISTRAR'S SIGNATURE Huntington Williams, Md.			25. FUNERAL DIRECTOR Wm. Cook Inc - 1217 St Paul St		

RECEIVED BY DEPT. OF HEALTH

1-1-57

John A. Smith

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E-452

53 8005

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8005

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Hans A. Ellingson

2. DATE
OF
DEATH

9/4/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hosp

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5 yrs.

5. SEX

M

6. COLOR OR RACE

Wh

7. SINGLE, MARRIED,
WIDOWED, OR VOWED (Specify)

WIDOWED

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Refired

10B. KIND OF BUSINESS OR
INDUSTRY

Machinist

13. FATHER'S NAME

Hans Ellingson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

216-03-5049A

17. INFORMANT

Self + Son

ADDRESS

18. E931.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

CERTIFICATION APPROVED BY

HEAT STROKE
Joseph A. Johnson
M. D.
CHIEF OR ASST. MEDICAL EXAMINER.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerosis - General

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE OLD
INJURY OCCURRED (If in Baltimore City, give exact location)

160 N. Gay St.

21F. HOW DID INJURY OCCUR?

was overcome
by heat & had a stroke

TIME (Month) (Day) (Year) (Hour)

INJURY

9/3/53

m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒22. I hereby certify that I attended the deceased from 9/3/53, 19__, to 9/4/53, 19__, that I last saw the
deceased alive on 9/3/53, 19__, and that death occurred at 4:54 AM., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

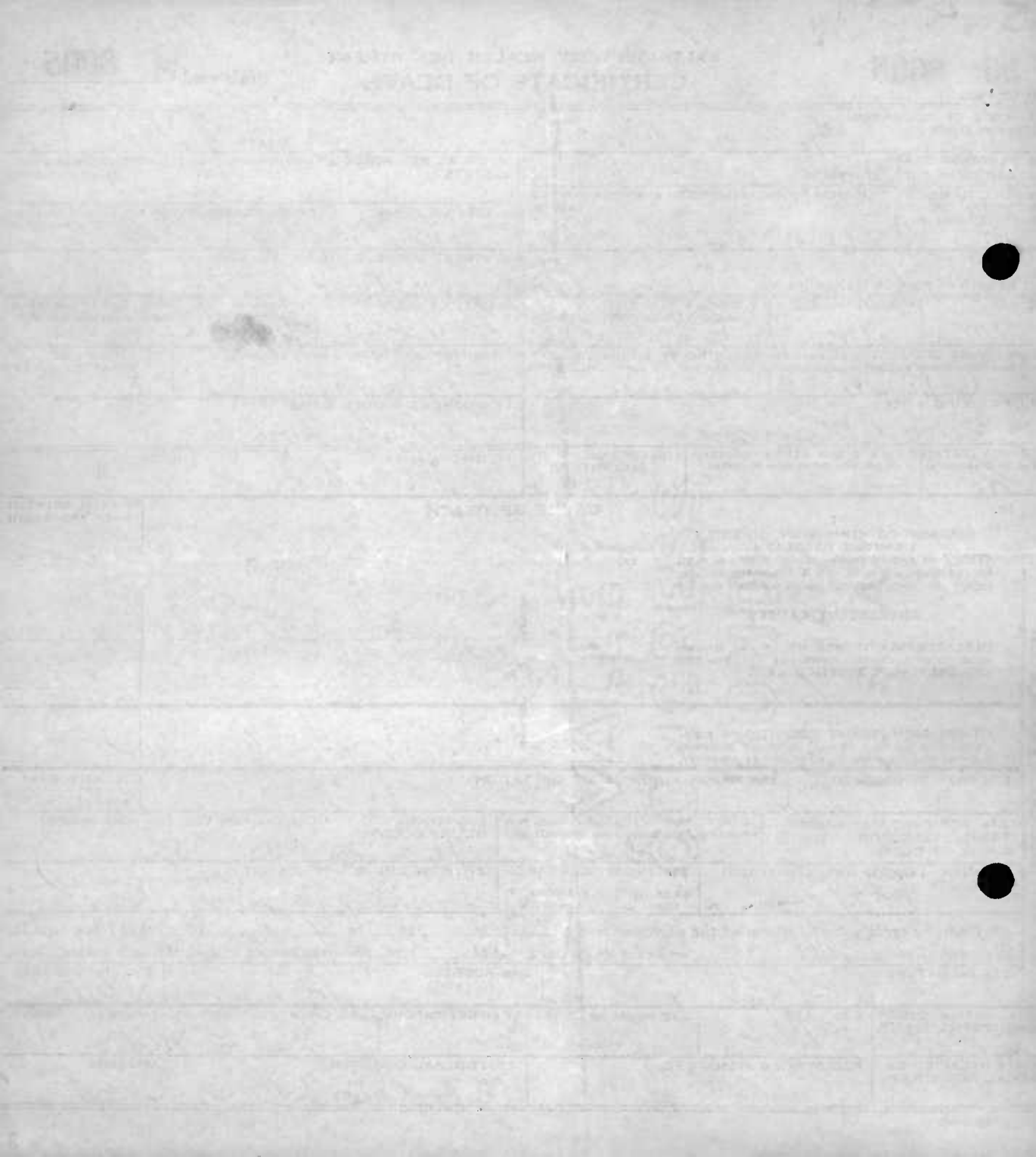
SEP 6 - 1953

Huntington Hillside, 1217 St. Paul St

VS 150

N 981.3

5443M



5-426

53 8006

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8006
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH SHINKROAD

2. DATE
OF
DEATH

9-4-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4613 Park Hyge Ave

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Mt Sinai Home

C. Length of stay in Baltimore

60

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Hacker

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Hershel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

9. AGE (in years last birthday)

83

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Austria

12. CITIZEN OF WHAT COUNTRY?

U.S. 9.

14. MOTHER'S MAIDEN NAME

Rachel

17. INFORMANT

ADDRESS

Rose Cheslock - same

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)(A) ...
DUE TO(B) ...
DUE TO

(C) ...

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)

INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/2 1953, to 9/4 1953, that I last saw the deceased alive on 9/4, 1953, and that death occurred at 8:17 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 6 - 1953

Joe Blum
1115 No Calvert
NW 5-4777

-535

53 8007

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8007

RTH NO.

NAME OF DECEASED
(Type or Print)

IDA HINDNER

2. DATE
OF
DEATH

9-4-53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

2902 Allendale Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY

Md

15-38

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2902 Allendale Road

Length of stay in Baltimore

13

SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

68

A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

Germany

FATHER'S NAME

Mendel

14. MOTHER'S MAIDEN NAME

Bonnette

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Ruth Barth-

James

18. 443x and 170x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Hypertensive Heartdisease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Laccinomy of breast

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

O

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 214 1952 to Sept-9-53, 1953 that I last saw the
deceased alive on 9-4-53 1953 and that death occurred at 3-17 m., from the causes and on the date stated above.

23A. SIGNATURE

H. M. M. Bix

23B. ADDRESS

M. D.

2516 Linden Ave

23C. DATE SIGNED

9-5-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

25A. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burial

9-6-1953

Rosedale

Balto.

Md

25B. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 6 1953

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 6 1953

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 6 1953

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Prof
2516 Lunder
La 0506
Ma 1739

INVESTIGATION OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8008

Registered No.

53 8008

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Uriel Schwartzman</i>			2. DATE OF DEATH <i>Sep 5 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Johns Hopkins Hosp</i>			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>md.</i> B. COUNTY <i>15-11</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore <i>LIFE</i>			D. STREET ADDRESS (If rural, give location) <i>3602 Stabash Ave</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>4-14-1899</i>	9. AGE (In years last birthday) <i>54</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>MFG.</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>CLOTHING</i>	11. BIRTHPLACE (State or foreign country) <i>BALTO. MD</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>ABR949M</i>			14. MOTHER'S MAIDEN NAME <i>ETHEL</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		

18. <i>453.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Cerebro-vascular accident.</i> DUE TO (B) <i>Arteriosclerosis - generalised.</i> DUE TO <i>Buerger's Disease.</i> (C)	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>7/22</i> , 19 <i>53</i> , to <i>9/5</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>9/5</i> , 19 <i>53</i> , and that death occurred at <i>10:23</i> p.m., from the causes and on the date stated above.			
23A. SIGNATURE <i>W. Beck</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>9-5-53</i>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>9-7-1953</i>	24C. NAME OF CEMETERY OR CREMATORY <i>ARLINGTON</i>	24D. LOCATION (City, town, or county) (State) <i>BALTO. MD</i>
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <i>Jack Lewis</i>	25. FUNERAL DIRECTOR ADDRESS <i>Jack Lewis Inc - 2100 Canton Rd</i>	

53 8009

BIRTH NO

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8009

1. NAME OF DECEASED (Type or Print) <i>PETERSON, William Charles</i>			2. DATE OF DEATH <i>Sept. 4, 1953</i>		
3. PLACE OF DEATH: A. <i>Baltimore City, Maryland</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Anne Arundle</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Monte Bello Hospital</i>			C. CITY OR TOWN <i>Odenton</i> (If outside corporate limits, write RURAL and give township)		
c. Length of stay in Baltimore <i>one</i> Yrs. <i>30</i> Mos. <i>30</i> Days			D. STREET ADDRESS (If rural, give location) <i>P.O. Box 196</i> <i>5200</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Sept. 25, 1889</i>	9. AGE (In year: last birthday) <i>63</i>	If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Fire Engine Driver</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>California</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>(Not known) Peterson</i>			14. MOTHER'S MAIDEN NAME <i>Sarah Beulah Ayres</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>unk.</i>		16. SOCIAL SECURITY NO. <i>unk.</i>	17. INFORMANT ADDRESS <i>Hospital Record</i>		
18. <i>332X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO DUE TO			CAUSE OF DEATH (A) <i>Cerebral vascular Thrombosis</i> (B) <i>Generalized arterio-sclerosis</i> (C)		
INTERVAL BETWEEN ONSET AND DEATH <i>one year</i> <i>some yrs.</i>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>July 16</i> , 1953, to <i>Sept. 4</i> , 1953, that I last saw the deceased alive on <i>Sept. 4</i> , 1953, and that death occurred at <i>3:10 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Daniel Linn</i>		23B. ADDRESS <i>Monte Bello Hospital, Baltimore</i>		23C. DATE SIGNED <i>Sept. 4, 1953</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Sept. 7 '53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Epiphany Cemetery</i>	
24D. LOCATION (City, town, or county) (State) <i>Odenton, A.A. Md</i>		25. FUNERAL DIRECTOR ADDRESS <i>Huntington Hill, A.A. Md</i> <i>R. P. Singleton, Glen Burnie, Md</i>			

THIS IS NOT A MEDICAL RECORD
 IT IS A SUMMARY OF THE DEATH RECORD
 IT IS NOT TO BE USED FOR MEDICAL PURPOSES
 IT IS NOT TO BE USED FOR LEGAL PURPOSES
 IT IS NOT TO BE USED FOR INSURANCE PURPOSES
 IT IS NOT TO BE USED FOR SOCIAL SECURITY PURPOSES
 IT IS NOT TO BE USED FOR ANY OTHER PURPOSES

10-10-60

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Register No. 10-10-60

1. NAME OF DECEASED (Last, first, middle initial)		2. PLACE OF BIRTH (City, State, Country)	
3. DATE OF DEATH (Month, day, year)		4. USUAL RESIDENCE (Where deceased lived 10 days or more before death) a. STATE b. CITY OR TOWN c. STREET ADDRESS (If rural, give nearest post office)	
5. SEX a. Male b. Female		6. DATE OF BIRTH (Month, day, year)	
7. OCCUPATION (If deceased was engaged in business or profession, give kind of business or profession)		8. BIRTHPLACE (State, Country)	
9. FATHER'S NAME		10. MOTHER'S MAIDEN NAME	
11. SOCIAL SECURITY NO.		12. USUAL RESIDENCE (If deceased was engaged in business or profession, give kind of business or profession)	
13. CAUSE OF DEATH a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH b. INTERMEDIATE CAUSE c. UNDERLYING CONDITION d. OTHER CAUSE CONTRIBUTING TO THE DEATH (If more than one, list all)			
14. DATE OF DEATH a. Month, day, year b. Time of day (If known)			
15. SIGNATURE OF DECEASED (If known)			
16. SIGNATURE OF WITNESS (If known)			
17. SIGNATURE OF DECEASED'S PHYSICIAN (If known)			
18. SIGNATURE OF DECEASED'S NEAREST RELATIVE (If known)			
19. SIGNATURE OF DECEASED'S NEXT OF KIN (If known)			
20. SIGNATURE OF DECEASED'S SURVIVING SPOUSE (If known)			
21. SIGNATURE OF DECEASED'S SURVIVING CHILDREN (If known)			
22. SIGNATURE OF DECEASED'S SURVIVING PARENTS (If known)			
23. SIGNATURE OF DECEASED'S SURVIVING SIBLINGS (If known)			
24. SIGNATURE OF DECEASED'S SURVIVING OTHER RELATIVES (If known)			
25. SIGNATURE OF DECEASED'S SURVIVING FRIENDS (If known)			
26. SIGNATURE OF DECEASED'S SURVIVING OTHER PERSONS (If known)			
27. SIGNATURE OF DECEASED'S SURVIVING OTHER PERSONS (If known)			
28. SIGNATURE OF DECEASED'S SURVIVING OTHER PERSONS (If known)			
29. SIGNATURE OF DECEASED'S SURVIVING OTHER PERSONS (If known)			
30. SIGNATURE OF DECEASED'S SURVIVING OTHER PERSONS (If known)			

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 8010**BIRTH NO. **53 8010**

1. NAME OF DECEASED (Type or Print) CLARA ALVIRA ODEN YOUNGER			2. DATE OF DEATH 9-3-1953		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MD b. COUNTY ANNE ARUNDEL		
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL for the Women OF MARYLAND			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) GLEN BURNIE, 5200		
c. Length of stay in Baltimore 15-16			d. STREET ADDRESS (If rural, give location) 1205 CRANC Highway		
5. SEX FEMALE	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) separated	8. DATE OF BIRTH 1-13-1892	9. AGE (In years last birthday) 61	10. Under 1 Year Months: 7 Days: 20 Hours: - Min: -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife (Ret)			10b. KIND OF BUSINESS OR INDUSTRY A/S Tavern		11. BIRTHPLACE (State or foreign country) MARYLAND
13. FATHER'S NAME William ODEN			12. CITIZEN OF WHAT COUNTRY? USA		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		
17. INFORMANT SELF			ADDRESS		

18. **545X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Myocardial infarction due to arterio-sclerotic cardio-vascular disease**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Post-operative malnutrition.**
DUE TO
(C) **Duodenal fistula, post-gastrectomy.**

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION 9-3-53		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) NO		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 7-22 , 19 53 , to 9-3 , 19 53 , that I last saw the deceased alive on 9-3 , 19 53 , and that death occurred at 2:00 P.M. , from the causes and on the date stated above							
23a. SIGNATURE Harry W. Gray				23b. ADDRESS Hospital for Women of Md		23c. DATE SIGNED 9-3-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 8, 1953		24c. NAME OF CEMETERY OR CREMATORY Green Haven Cemetery		24d. LOCATION (City, town, or county) (State) Glen Burnie, Md.	
DATE RECEIVED BY LOCAL REGISTRAR SEP 6 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR R. R. R. R.		ADDRESS Glen Burnie, Md.	

0108

0108

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M-600

53 8011

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8011
Registered No.

NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Moore, Anna Frances		September 4, 1953	
PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence)	
FULL NAME OF (If not in hospital or institution, give street address or location)		A. STATE Maryland	
HOSPITAL OR RESIDENCE		B. COUNTY 1-02	
St. Joseph's		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
Length of stay in Baltimore 36 years		Baltimore	
SEX		D. STREET ADDRESS (If rural, give location)	
6. COLOR OR RACE		133 S. Robinson Street	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
Female		APR 10 1881	
White		9. AGE (In years last birthday) 72	
Widowed		10. BIRTHPLACE (State or foreign country)	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		Philadelphia, Penna.	
Hwfe.		12. CITIZEN OF WHAT COUNTRY?	
Own home			
11. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
MICHAEL SULLIVAN		—	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
NO		—	
17. INFORMANT		ADDRESS	
WM. MOORE		133 S. ROBINSON ST	
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
(A) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO			
19. ANTECEDENT CAUSES		(B) Arteriosclerotic cardiovascular disease	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		XXXX	
(C) disease			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
0			
20. AUTOPSY?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED	
21F. HOW DID INJURY OCCUR?			
21. I hereby certify that I attended the deceased from Sept. 4, 1953 to Sept. 4, 1953, that I last saw the deceased alive on Sept. 4, 1953, and that death occurred at 5:20pm., from the causes and on the date stated above.			
23A. SIGNATURE		23B. ADDRESS	
Rathaniel O. Santiago		1100 N. Caroline Street	
23C. DATE SIGNED		Sept. 4, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
BURIAL		SEPT 8 1953	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county)	
OAK LAWN		COLGATE MD	
25. FUNERAL DIRECTOR		ADDRESS	
Huntington Williams, MD		2112	
9/6/53		PULLICH FUNERAL HOME DUNDALK	

3-334

53 8012

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8012
Registered No.NAME OF DECEASED
(Type or Print)

WILHELMINA STAEDTLER

2. DATE
OF
DEATH

Sept. 3, 1953

PLACE OF DEATH:

Baltimore City, Maryland 4336 Berger Ave.

FULL NAME OF
HOSPITAL OR
INSTITUTION(If not in hospital or institution, give street address or location)
4336 Berger Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

26-01

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

4336 Berger Ave.

Length of stay in Baltimore

Yrs.
Mos.
Days

SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

May 6, 1861

9. AGE (In years
last birthday)

92

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

At home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

FATHER'S NAME

John M. Greifzu

14. MOTHER'S MAIDEN NAME

Catherine Deimbach

WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Edward Staedtler 4336 Berger Ave.

18. 332X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Thrombosis

12 hrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Generalized atherosclerosis

1946

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 9-4-1946, to 9-3-1953, that I last saw the
deceased alive on 9-3-1953, and that death occurred at 9:00 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Melton C. Cawson M.D.

M. D.

23B. ADDRESS

2117 Belair Rd (13)

23C. DATE SIGNED

9-5-53

A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 7, 1953

24C. NAME OF CEMETERY OR CREMATORY

First United Evan.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

9/6/53

Huntington Williams, M.D.

Wilfrich Funeral Home 2112 Dundalk Ave.

8015

THE NEW YORK PUBLIC LIBRARY

ASTOR LENOX TILDEN FOUNDATION

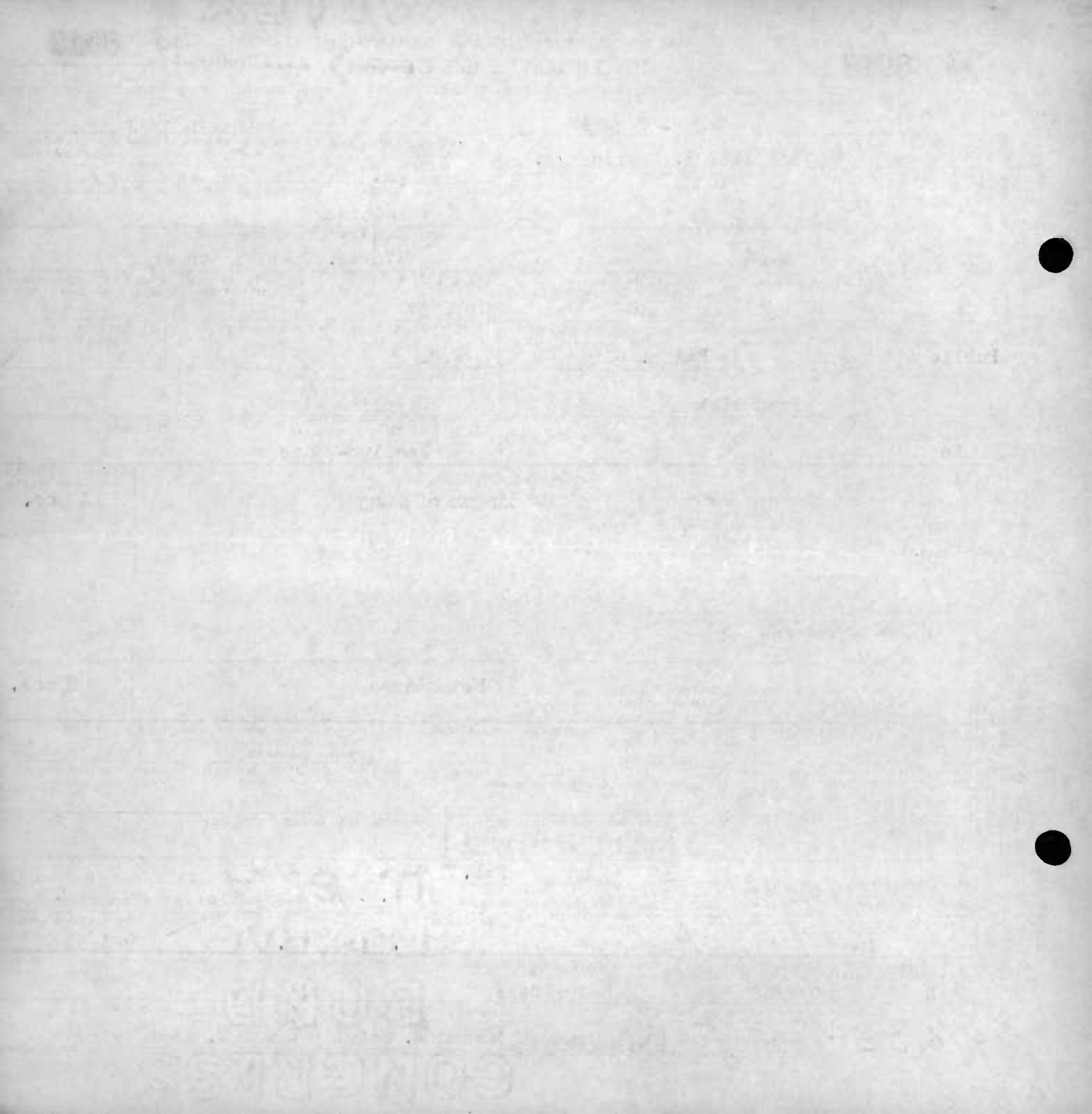
8015

U. S. NATIONAL ARCHIVES
COLLIER COUNTY
VALLEY

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8018
Registered No.53 8018
BIRTH NO.

1. NAME OF DECEASED (Type or Print) HENRY W. SCHARFF			2. DATE OF DEATH 9/2/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland 1737 S. Charles St.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 23-03		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1737 S. Charles Street		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 10/5/87	9. AGE (In years last birthday) 65	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Public Attendant		10B. KIND OF BUSINESS OR INDUSTRY Balto. City		11. BIRTHPLACE (State or foreign country) S.C.	
13. FATHER'S NAME Frederick			14. MOTHER'S MAIDEN NAME Caroline Hinds		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Family - Same	

18. 163X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Lung			INTERVAL BETWEEN ONSET AND DEATH 14 mos.		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST. Metastases					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb. 1953 , 19__, to 9/2/53 , 19__, that I last saw the deceased alive on 9/2/53 , 19__, and that death occurred at 11 P.M. from the causes and on the date stated above.					
23A. SIGNATURE Walter Kohn			23B. ADDRESS 102 E. Fort Ave.		23C. DATE SIGNED 9/4/53
24A. BURIAL, CREMATION, REMOVAL (Specify) B		24B. DATE 9/7/53		24C. NAME OF CEMETERY OR CREMATORY Holy Cross	
24D. LOCATION (City, town, or county) (State) Baltimore		25. FUNERAL DIRECTOR James G. McCully			
DATE RECEIVED BY LOCAL REGISTRAR 9/6/53		REGISTRAR'S SIGNATURE Huntington Williams		ADDRESS 130 E. Fort Avenue	



8-536

Douglas 2-9-5301

53 8014

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

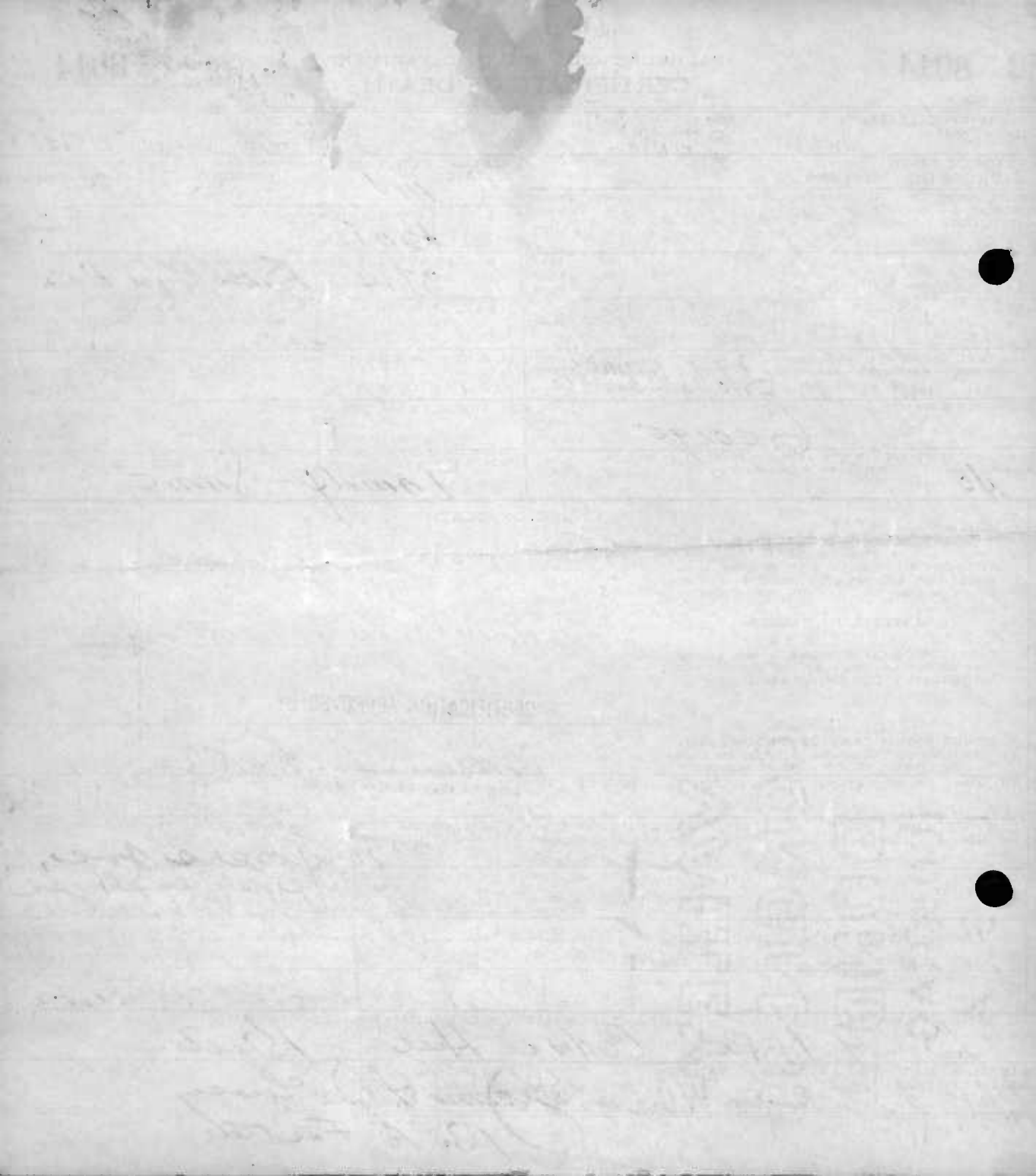
Registered No. 53 8014

1. NAME OF DECEASED (Type or Print) <u>John. Schmieders</u>			2. DATE OF DEATH <u>Sept 2 1953</u>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>MD.</u> B. COUNTY <u>25-04</u>		
5. FULL NAME OF (If not in hospital or institution, give street address or hospital or location) INSTITUTION <u>LUTHERAN HOSPITAL</u> <u>730 Ashburton St.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BALTO.</u>		
6. Length of stay in Baltimore Yrs. <u>0</u> Mos. <u>0</u> Days <u>0</u>			D. STREET ADDRESS (If rural, give location) <u>3714 Brooklyn Ave</u>		
7. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>May 19, 1882</u>	9. AGE (In years last birthday) <u>71</u>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHARPENIER</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>Globe Imp. Co.</u>		
11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>			12. CITIZEN OF WHAT COUNTRY? <u>AMERICAN</u>		
13. FATHER'S NAME <u>GEORGE</u>			14. MOTHER'S MAIDEN NAME <u>?</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO.		
17. INFORMANT <u>Family - Same</u>			ADDRESS		

18. <u>E902.6</u>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <u>CORONARY Thrombosis</u>			
ANTECEDENT CAUSES		(B) <u>CHRONIC CORONARY Insufficiency</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <u>Aug 13 1953</u>		19B. MAJOR FINDINGS OF OPERATION <u>Fracture Left Femur</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>accident</u>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Lyonsgrove</u>	21C. WHERE DID INJURY OCCUR? <u>3910 Rogers Ave</u>	21F. HOW DID INJURY OCCUR? <u>white self employed fell off platform to ground</u>		
22. I hereby certify that I attended the deceased from <u>Aug 10</u> 1953 to <u>Sept 2</u> 1953, that I last saw the deceased alive on <u>Sept 2</u> 1953, and that death occurred at <u>6 P. m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>James G. Dougan</u>	23B. ADDRESS <u>101 E. Preston St.</u>		23C. DATE SIGNED <u>Sept 2</u>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>B.</u>	24B. DATE <u>9.7.53</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Cedar Hill</u>	24D. LOCATION (City, town, or county) (State) <u>BALTO.</u>		
DATE RECEIVED BY <u>9/6/53</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>		25. FUNERAL DIRECTOR <u>1306 F. Fairview</u>	

N 821.0

51024



2-400
53 8015BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8015
Registered No.

IRTH NO.

NAME OF DECEASED
(Type or Print)

JOHN B. PYLE

2. DATE
OF
DEATH

SEPT. 4, 1953

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

SOUTH BALTIMORE GENERAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

MARYLAND

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1600 JOHNSON STREET

SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

3-14-08

9. AGE (in years

last birthday)

45

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

12. USUAL OCCUPATION (Give kind of

work done during most of working life, even if retired)

LABORER

13. KIND OF BUSINESS OR

INDUSTRY

B. O. R. C.

14. BIRTHPLACE (State or foreign country)

BALTIMORE

15. CITIZEN OF
WHAT COUNTRY?

16. FATHER'S NAME

JOHN PYLE

17. MOTHER'S MAIDEN NAME

EMILY CUNNINGHAM

18. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

No.

19. SOCIAL
SECURITY NO.

10. INFORMANT

ADDRESS

Family - Same

18. 540.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) UREMIA

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) GENERALIZED PERITONITIS

DUE TO

(C) PERFORATED PEPTIC ULCER

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

8-31-53

19B. MAJOR FINDINGS OF OPERATION

GENERALIZED PERITONITIS

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

WORK ☐

NOT WHILE

AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from AUG. 24, 1953, to SEPT. 4, 1953, that I last saw the
deceased alive on SEPT. 4, 1953, and that death occurred at 5:25 p. m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

9-8-53

24C. NAME OF CEMETERY OR CREMATORY

CATHEDRAL

24D. LOCATION (City, town, or county)

BALTIMORE

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

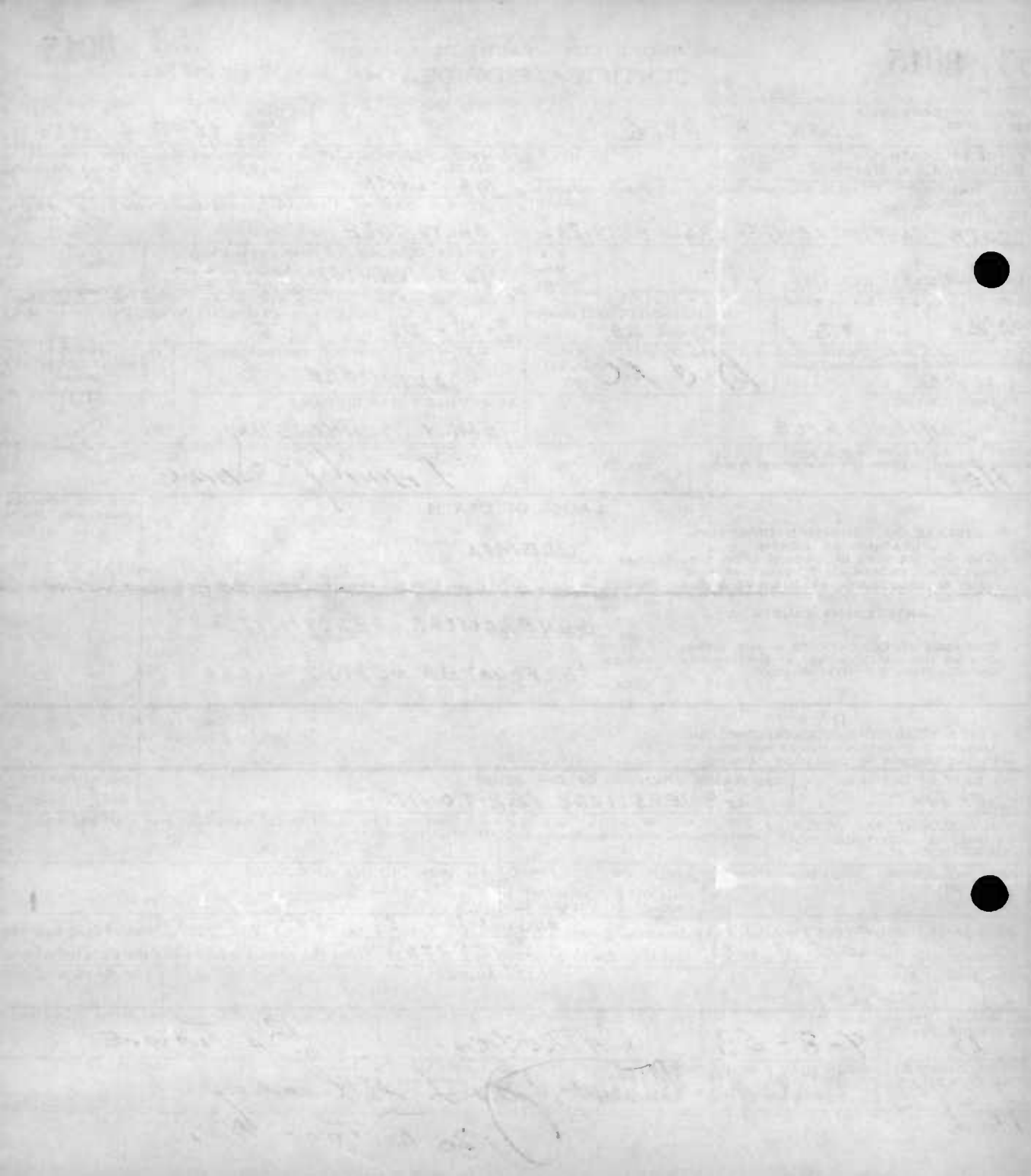
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

97050 130 E. FORT BOY.



M-600

53 8016

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8016

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES MOORE

2. DATE
OF
DEATH

9/3/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore Md

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or location)

SINAI HOSPITAL OF BALTO.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore City

D. STREET ADDRESS (if rural, give location)

41 HAMPTON RD. LUTHERTON HTS.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

5/22/71

9. AGE (in years
last birthday)

82

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Boiler Maker

10B. KIND OF BUSINESS OR
INDUSTRY

R.R.

11. BIRTHPLACE (State or foreign country)

S.C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John W.

14. MOTHER'S MAIDEN NAME

FRANCES DEHANEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Family - SAME

18. 177X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Carcinomatosis from
ca of prostate

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-31, 1953, to 9-3, 1953 that I last saw the
deceased alive on 9-3, 1953, and that death occurred at 7:28 m., from the causes and on the date stated above.

23A. SIGNATURE

Antonio J. Longson M.D.

23B. ADDRESS

SINAI HOSPITAL 19/3/53

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

9-8-53

24C. NAME OF CEMETERY OR CREMATORY

GLEN HAVEN CEMETERY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Registrar

25. FUNERAL DIRECTOR

ADDRESS

1305 Fort Line

5-300

53 8017

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8017

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

NORMAN WINFIELD SCOTT

2. DATE
OF
DEATH

9/4/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

5. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

1015 S. EAST AVE

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE 26-11

6. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1015 S. EAST AVE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Jan. 4, 1903

9. AGE (In years last birthday)

50

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MACHINIST

10B. KIND OF BUSINESS OR INDUSTRY

STANDARD OIL CO.

11. BIRTHPLACE (State or foreign country)

BALTIMORE - MD.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

RICHARD SCOTT

14. MOTHER'S MAIDEN NAME

RAPHAEL MACPHERSON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

YES

16. SOCIAL SECURITY NO.

17. INFORMANT

MARY E. SCOTT

ADDRESS

SAME

18. 416x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) RHEUMATIC CARDIAC DISEASE 3 YRS.
DUE TO CONGESTIVE FAILURE

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) CARDIAC ASTHMA

3 YRS.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21G. INJURY

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 9/4/53, 19, to 9/4, 1953 that I last saw the deceased alive on 9/4, 1953, and that death occurred at 6:15 AM., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Henry J. Housheer M. D.

333 S. EAST AVE

9/4/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

9-7-53.

SACRED HEART CEM.

7401 GERMAN HILL RD BALTO. CO. MD.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

9/6/53

Huntington Williams, M.D. 901 S. CONKLING ST.

BALTO., MD.

VS 150

544 45

7408

2

CERTIFICATE OF DEATH

7408

2



N-410

53 8018

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8018
Registered No.NAME OF DECEASED
(Type or Print)

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF
HOSPITAL OR
INSTITUTION

Doctors Hospital

Length of stay in Baltimore

SEX
M

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)10b. KIND OF BUSINESS OR
INDUSTRY

FATHER'S NAME

C. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

218-01-2911

8. DATE OF BIRTH

April 4, 1893

9. AGE (In years
last birthday)

60 yrs

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

Mary Wolf

17. INFORMANT

Edna E. Wolf - 5821 Halwyn Ave. #12

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

3 days

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/1, 1953, to 9/4, 1953, that I last saw the
deceased alive on 9/3, 1953, and that death occurred at 12:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24a. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

2002

10

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CERTIFICATE OF DEATH

2002

10/1



W-236

53 8019

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8019
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Cora E. Thachter

2. DATE
OF
DEATH

Sept. 3, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1904 Swansea Road

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

27-38

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1904 Swansea Road

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Aug. 17, 1880

9. AGE (In years
last birthday)

73 yrs

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. MAJOR OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Montgomery County, Md

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Alfonso Clagett

14. MOTHER'S MAIDEN NAME

Mary Thompson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Julia C. Clagett - 1904 Swansea Rd.

1B. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Arterio sclerosis CV Dismar

3 yrs.

ANTECEDENT CAUSES

(B) DUE TO
(C)DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 Sept, 1946, to 3 Sept, 1953, that I last saw the
deceased alive on 15 May, 1953, and that death occurred at 1P m., from the causes and on the date stated above.

23A. SIGNATURE

Morton J. O'Connor

M. D.

23B. ADDRESS

1515 N. M. 14th Ave

23C. DATE SIGNED

5 Sept 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 7, 1953

24C. NAME OF CEMETERY OR CREMATORY

Patuxent Cemetery

24D. LOCATION (City, town, or county)

Sunshine Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

9/6/53

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

C. Miller Inc. - 2431 E. Oliver St.

ADDRESS

CHS 32

CHS 32



M-600

53 8020

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8020

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Quincy L. Morrow

2. DATE
OF
DEATH

Sept. 3-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Towson

c. Length of stay in Baltimore

3 days

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

820 E. Joppa Rd.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE MARRIED.

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

2-24-94

9. AGE (In years last birthday)

59

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retail Mfg.

10B. KIND OF BUSINESS OR INDUSTRY

Wood Products

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Quincy Lee Morrow

14. MOTHER'S MAIDEN NAME

Gertrude Raisin

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 292.2

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Acquired hemolytic spherocytic anemia, severe

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

1 yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-31-1953 to 9-3-1953, that I last saw the deceased alive on 9-3-1953, and that death occurred at 7:00 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Sidney Roston, M.D.

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 7, 1953

24C. NAME OF CEMETERY OR CREMATORY

Prospect Hill

24D. LOCATION (City, town, or county)

Towson,

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

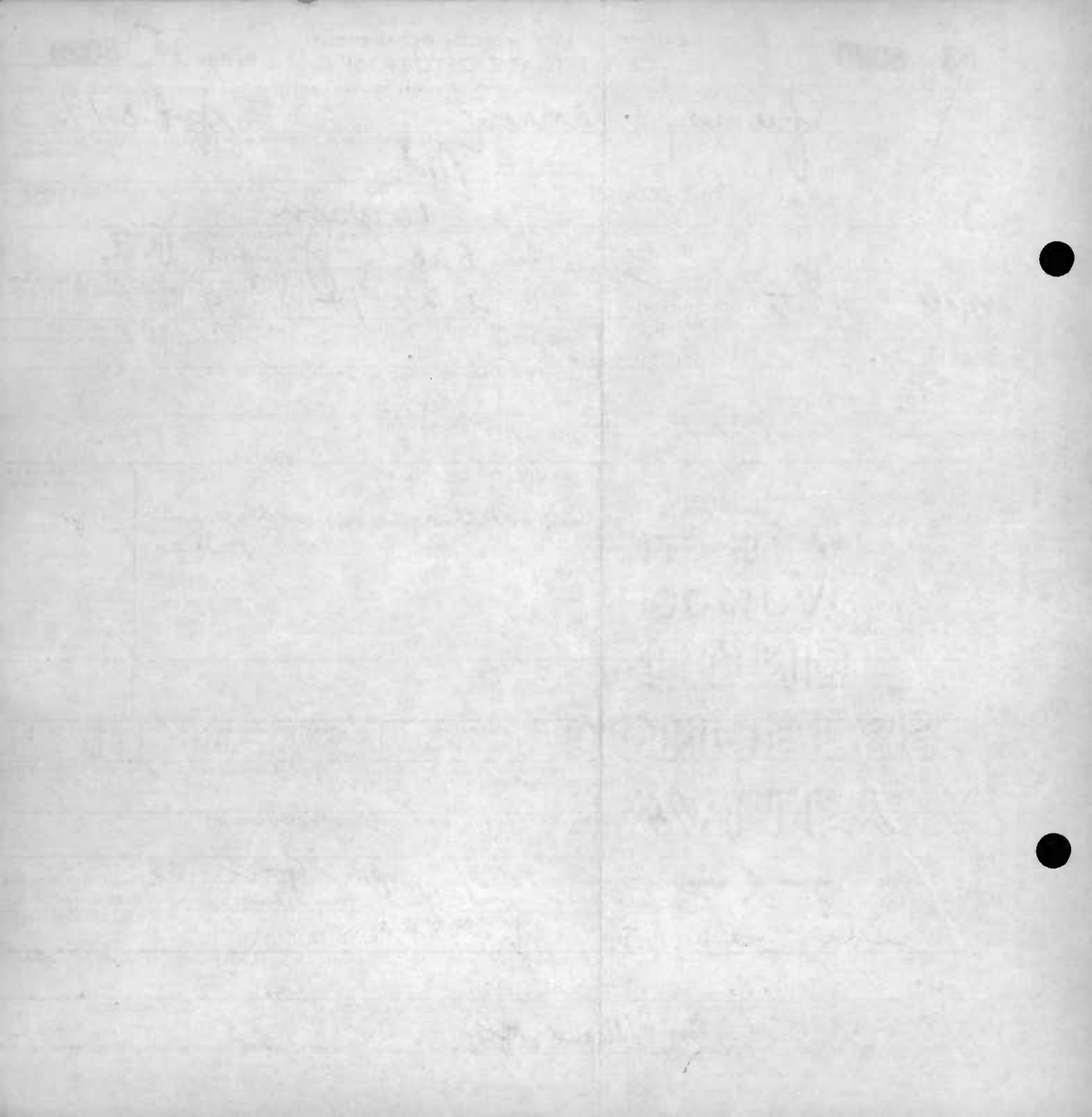
John O. Mitchell, Inc.

ADDRESS

1900 Eutaw Place

VS 150

29032



W-256
53 8021BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

53 8021

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Estelle Kenly Wagner

2. DATE
OF
DEATH

Sept. 4, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2517 Guilford Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE
Md.

B. COUNTY _____ before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2517 Guilford Ave.

C. Length of stay in Baltimore

25 yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

July 15, 1874

9. AGE (In years

last birthday)

79

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of

work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Franklin Kenly

14. MOTHER'S MAIDEN NAME

Mary Murphy

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Maude V. Kenkins 2517 Guilford Ave.

18. 442X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Hypertension Cardio-
Vascular renal disease
Cerebral Hemorrhage with
Hemiplegia (RT).5 yrs.
3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 1953, to Sept. 4, 1953, that I last saw the
deceased alive on Sept. 4, 1953, and that death occurred at 4:45 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Lloyd E. Saylor

M. O.

23B. ADDRESS

3902 Greenmount Ave.

23C. DATE SIGNED

Sept. 5, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 7, 1953

24C. NAME OF CEMETERY OR CREMATORY

Spesutia

24D. LOCATION (City, town, or county)

Perryman,

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John O. Mitchell, Inc. 1900 Eutaw Place

1908

1908



5-360

3 8022

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 8022
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>ALICE E. JUTER</i>			2. DATE OF DEATH <i>9-4-53</i>		
3. PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>MD.</i> B. COUNTY <i>12-04</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Joseph's Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE</i>		
6. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>2344 BARCLAY ST.</i>		
7. SEX <i>FEMALE</i>	8. COLOR OR RACE <i>WHITE</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	10. DATE OF BIRTH <i>1898</i>	11. AGE (In years last birthday) <i>55</i>	12. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
13. A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>HOUSEWIFE</i>			14. BIRTHPLACE (State or foreign country) <i>BALTIMORE MD</i>		
15. FATHER'S NAME <i>WALTER J. CREM</i>			16. CITIZEN OF WHAT COUNTRY?		
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			18. SOCIAL SECURITY NO.		
19. FATHER'S NAME <i>WALTER J. CREM</i>			20. MOTHER'S MAIDEN NAME <i>LAVANIA HARTZELL</i>		
21. ADDRESS <i>MRS. PEARL MILLER - 2344 BARCLAY</i>			22. ADDRESS		

18. <i>422.2 and E 931.9</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Heat prostration</i>		<i>24 hrs.</i>	
DUE TO		(B) <i>myocardial insufficiency</i>		?	
DUE TO		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>None.</i>					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *Aug. 3, 1953* to *Aug. 4, 1953*, that I last saw the deceased alive on *8/3, 1953*, and that death occurred at *6:05 A.M.* the causes and on the date stated above.

23A. SIGNATURE <i>J. Willis Guyton</i>		23B. ADDRESS <i>3961 Greenmount Ave.</i>		23C. DATE SIGNED <i>9/6/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>9-7-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>WOODLAWN - City</i>	
24D. RECEIVED BY <i>Huntington Williams, M.D.</i>		24E. REGISTRAR'S SIGNATURE		24F. FUNERAL DIRECTOR <i>Greenmount 822nd St.</i>	

A. 625

53 8023

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8023

1. NAME OF DECEASED (Type or Print) Julia Virginia Archambault			2. DATE OF DEATH Sept. 5, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 5002 Loch Raven Boulevard			C. CITY OR TOWN (If outside corporate limits, write TOWNSHIP and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 5002 Loch Raven Boulevard		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 14, 1875	9. AGE (In years last birthday) 77	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10B. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William Pearson			14. MOTHER'S MAIDEN NAME Laura Russell		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT ADDRESS Mrs. Virginia Parrot 5002 Loch Raven		
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Myocardial infarction DUE TO (B) Coronary arteriosclerosis DUE TO (C) Generalized arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 5 mos		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Mar 28 1953, to Sept 5 1953, that I last saw the deceased alive on Sept 4 1953, and that death occurred at 1:25 A m., from the causes and on the date stated above.					
23A. SIGNATURE Frederick J. Vollermer		23B. ADDRESS 6100 York Rd.		23C. DATE SIGNED 9-5-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9- -1953		24C. NAME OF CEMETERY OR CREMATORY New Cathedral	
DATE RECEIVED BY LOCAL REGISTRAR 9/6/53		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Howard Strong 3207 W. North Ave.,	

Dr. Frederik J. Wellmer
6100 York Rd.
Id. 57636

53 8024

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8024

IRTH NO.

NAME OF DECEASED
(Type or Print)

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF

HOSPITAL OR
STITUTION

Length of stay in Baltimore

SEX

A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

FATHER'S NAME

. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

17. INFORMANT

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) DUE TO

(B) DUE TO

(C) DUE TO

INTERVAL BETWEEN
ONSET AND DEATHOTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

PROBABLE PULMONARY INFARCTION

4 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 31, 1953 to Sept. 3, 1953 that I last saw the
deceased alive on 9/3, 1953 and that death occurred at 6:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

A. BURIAL, CREMA-
N, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

ATE RECEIVED BY
CAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1908

RECEIVED
FEBRUARY 10 1908

1908



53

8025

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53

8025

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jacob

STEIN

2. DATE
OF
DEATH

SEP 6 - 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits) write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

16 N. PATTERSON PARK AVE

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years,
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

470.0

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

(C)

Embolus
Pulmonary
Coronary Occlusion

Arterio sclerotic Heart Disease ?

B.P.H., Urinary Retention, Uremia 3-4 yrs

Hypocalcemia

INTERVAL BETWEEN
ONSET AND DEATH

12 hrs.

2-3 wks

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-26-1953 to 9-6-1953, that I last saw the
deceased alive on 9-6-1953, and that death occurred at 6:30 A.M., from the causes and on the date stated above

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 7 - 1953

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8026

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 8026**

IRTH NO.

NAME OF DECEASED
(Type or Print)**KATHERINE LOHNES**

2. DATE

OF

DEATH

SEPT 4, 1953

PLACE OF DEATH:

Baltimore City, Maryland **WINDSOR NURSING**FULL NAME OF (If not in hospital or institution, give street address or location)
WINDSOR NURSING HOME4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **MARYLAND** B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE **6-02**D. STREET ADDRESS (If rural, give location)
139 N. MILTON AVE

Length of stay in Baltimore

Yrs.
Mos.
Days

SEX

FEMALE WHITE

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
SINGLEA. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)**TEAM STRESS**10B. KIND OF BUSINESS OR
INDUSTRY

FATHER'S NAME

LENDALL LOHNESWAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)**NO**16. SOCIAL
SECURITY NO.**-**

11. BIRTHPLACE (State or foreign country)

MARYLAND12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

CHRISTINE SLATER

17. INFORMANT

ADDRESS

MRS. LOUISE REESE 2515 E. FAYETTE18. **470.0**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) **Arteriosclerotic heart disease****2 years**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) **Arteriosclerosis, general****10 years**(C) **Senility**OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)**none**21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Sept. 1**, 19**51**, to **Sept. 4**, 19**53**, that I last saw the
deceased alive on **Sept. 4**, 19**53**, and that death occurred at **11:45 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE

Abraham B. Hurwitz

23B. ADDRESS

M. O.

2200 Garrison Blvd.

23C. DATE SIGNED

Sept. 4, 1953A. BURIAL, CREMA-
TION, REMOVAL (Specify)**BURIAL**

24B. DATE

SEPT 7, 1953

24C. NAME OF CEMETERY OR CREMATORY

BALTIMORE

24D. LOCATION (City, town, or county) (State)

BALTIMORE MDDATE RECEIVED BY
LOCAL REGISTRAR**SEP 7 - 1953**

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

MULLIKH FEVERAL HOME

ADDRESS

PUNDACK AV

33 8090

CERTIFICATE OF BIRTH

1900

VALLEY
CONGRES

A-160

53

8027

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8027

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Auber, George

2. DATE
OF
DEATH

9/5/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE

MARYLAND

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

422 Sinai Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

13-02

C. Length of stay in Baltimore

?

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2318 CALLOW AVE

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

APR 15, 1903

9. AGE (In years
last birthday)

50

H Under 1 Year
Months: DaysH Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

CARPENTER

10B. KIND OF BUSINESS OR

LEO BUTLER INDUSTRY
CONSTRUCTION CO

11. BIRTHPLACE (State or foreign country)

AUSTRIA.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

UNKNOWN

14. MOTHER'S MAIDEN NAME

UNKNOWN.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

AVE

MILDRED E. AUBER-2318 CALLOW

18.

581.0 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cirrhosis, Liver

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., In or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
M. WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 1953, to Sept 5, 1953, that I last saw the deceased alive on 9/5/53 19 and that death occurred at 12:25 pm., from the causes and on the date stated above.

23A. SIGNATURE

Ervin Hyatt

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

9/5/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 7 - 1953

St. Mary's Hospital, 3900 Roland Ave Md
Funerary William L. Norrison, 3818 Roland Ave

VS 150

57024

WALLEN
CONGRESS
BOND
1000000
U.S.A.

K-216

8028

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 80281. NAME OF DECEASED
Type or Print)

2. PLACE OF DEATH:

3. FULL NAME OF
HOSPITAL OR
INSTITUTION

4. Length of stay in Baltimore

5. SEX
F6. COLOR OR RACE
W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)8. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10. KIND OF BUSINESS OR
INDUSTRY

9. FATHER'S NAME

11. WAS DECEASED EVER IN U.S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS 610

18. 4221 I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 31, 1952, to Sept 4, 1953 that I last saw the
deceased alive on Sept 4, 1953, and that death occurred at 11:00 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

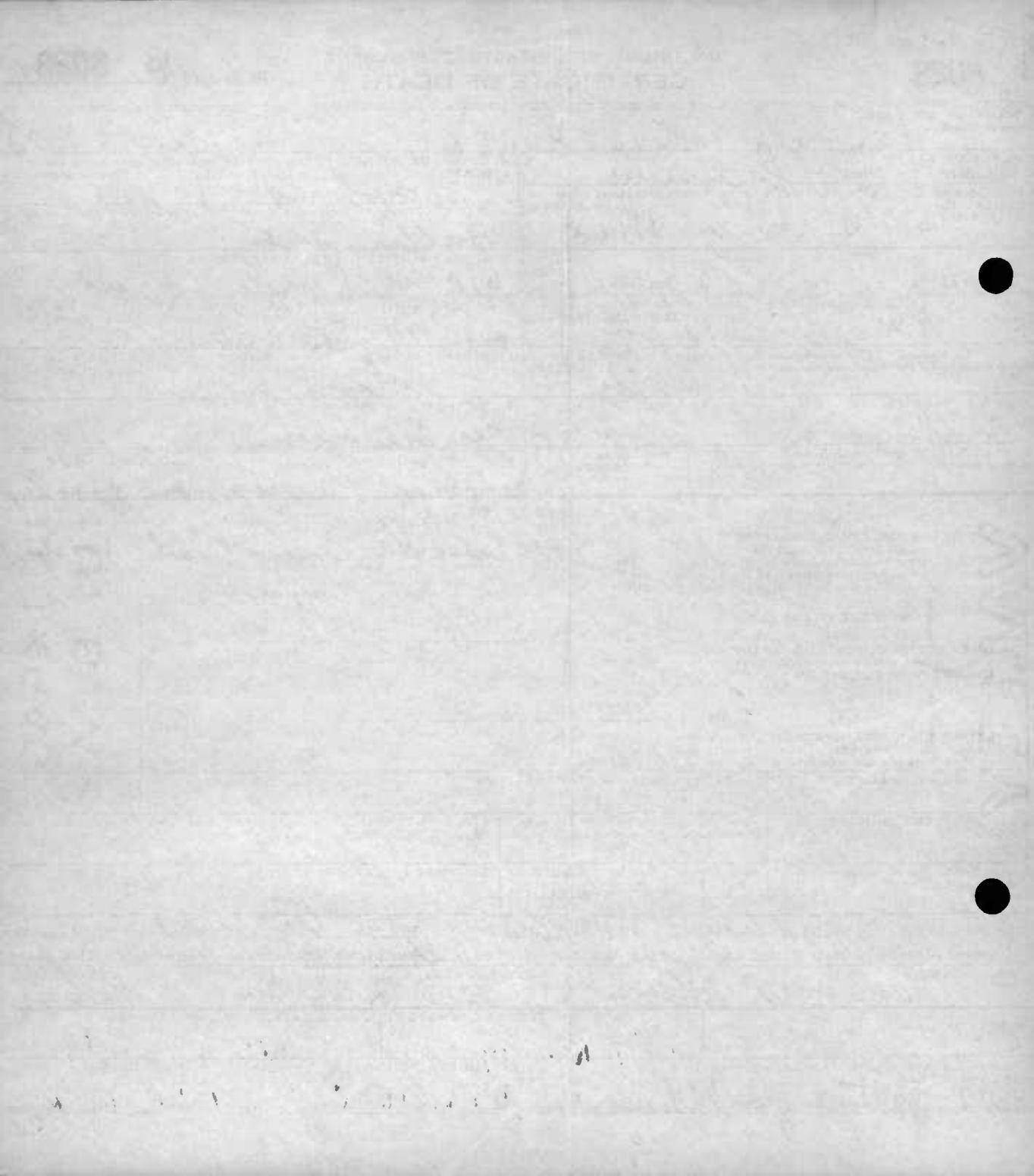
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 7 - 1953



5-160

53 8029

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8029

NAME OF DECEASED (Type or Print) HOWARD L. SHAFFER			2. DATE OF DEATH 9-4-53		
PLACE OF DEATH: Baltimore City, Maryland Balt. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY Balt.		
FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) 130 S. MONROE			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balt. 19-04		
5. LENGTH OF stay in Baltimore 50 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1817 W. Pratt ST.		
SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH June 21, 1896	9. AGE (in years last birthday) 57	If Under 1 Year Months: Days: Hours: Min.
A. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired) clerk			11. BIRTHPLACE (State or foreign country) MD.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
FATHER'S NAME Wm. H. Shaffer			14. MOTHER'S MAIDEN NAME Thompson		
C. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Earl Shaffer			ADDRESS Pasadena, Md.		
18. 420.0 and E 93.9 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardiac failure DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. probable coronary occlusion 2 days arteriosclerotic ht. dis. 1-2 yrs. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. heat prostration					INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:45 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE Ruth Bleier		23B. ADDRESS M. D. 1801 W. Baltimore St		23C. DATE SIGNED 9-4-53	
A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 9-8-53		24C. NAME OF CEMETERY OR CREMATORY Landon Park	
24D. LOCATION (City, town, or county) (State) Baltimore		25. FUNERAL DIRECTOR Huntington Williams, M.D. 1913 W. Baltimore			

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C-230

3 8030

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8030

1. NAME OF DECEASED (Type or Print) <i>Katharine</i> <i>Miss Catherine Cassidy</i>			2. DATE OF DEATH <i>9-4-53</i>		
3. PLACE OF DEATH: <i>Baltimore City, Maryland</i>			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>14</i>		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Jen King Memorial Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore, Md. 27-14</i>		
6. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>200 Hawthorn Road</i>		
7. SEX <i>F.</i>	8. COLOR OR RACE <i>W.</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	10. DATE OF BIRTH <i>5-1-1862</i>		11. AGE (In years last birthday) <i>90 yrs.</i>
12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Grocery store</i>			13. KIND OF BUSINESS OR INDUSTRY <i>Grocery store</i>		14. CITIZEN OF WHAT COUNTRY? <i>Maryland</i>
15. FATHER'S NAME <i>Frank Cassidy</i>			16. MOTHER'S MAIDEN NAME <i>Catherine Callan</i>		
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <i>ce, no or unknown</i>			18. SOCIAL SECURITY NO.		
19. INFORMANT			ADDRESS		

18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Constrictive Heart</i> DUE TO <i>Toxine</i> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Generalized Atherosclerosis</i> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>sclerosis</i>		CAUSE OF DEATH <i>Constrictive Heart</i> <i>Toxine</i> <i>Generalized Atherosclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) (Minute) <i>0</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>July 1, 1953</i> to <i>Sept. 4, 1953</i> that I last saw the deceased alive on <i>Sept. 3, 1953</i> and that death occurred at <i>1:30 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>French Oclote M.D.</i>		23B. ADDRESS <i>B. Gros' Hosp. Tel</i>		23C. DATE SIGNED <i>9-4-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Sept 8, 1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Cathedral</i>	
24D. LOCATION (City, town, or county) <i>Baltimore</i>		24E. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>		24F. ADDRESS <i>500 E. Wedfield 9006 Biddle St</i>	

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8

RECEIVED OF LIBRARY

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1-623
3 8031

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8031
Registered No.

BIRTH NO. 53-21069

NAME OF DECEASED
(Type or Print)

Wright, Baby Boy

2. DATE
OF
DEATH

September 5, 1953

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution, residence
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1051 Roland Heights Ave.

Length of stay in Baltimore

2 days

SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

9. A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

10. B. KIND OF BUSINESS OR
INDUSTRY

8. DATE OF BIRTH

September 3, 1953

9. AGE (in years
last birthday)

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

2

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Harold Owen Wright

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

14. MOTHER'S MAIDEN NAME

Mary Margaret Molloy

17. INFORMANT

ADDRESS

18. 260X I 769.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Diabetes mellitus (maternal)

ONE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

ONE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 3, 1953 to Sept. 5, 1953 that I last saw the
deceased alive on Sept. 5, 1953. and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 7-1953

Thurston 5 W. 1953
Cathedral
Baltimore
1400 N. Caroline Street
Sept. 5, 1953
Widfield 9006 Biddle St

-362
8032BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53. 8032
Registered No.NAME OF DECEASED
(Type or Print)

FRANK A. STRUCK

2. DATE
OF
DEATH

Sept. 4, 1953

PLACE OF DEATH:

Baltimore City, Maryland 502 N. Streeper St.

4. USUAL RESIDENCE (Where deceased lived If institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, give RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

502 N. Streeper St.

SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Nov. 8, 1866

9. AGE (in years
last birthday)

86

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

retired officer

10B. KIND OF BUSINESS OR
INDUSTRY

Police Dept.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Herman Struck, son, 4351 Shamrock Ave.

18.

443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

11 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

BUE TO

(B)

Cardio-Vascular Hypertensive Disease

13 years

(C)

Arteriosclerosis

13 years

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from March, 1940, to 4 Sept., 1953, that I last saw the
deceased alive on 4 Sept., 1953, and that death occurred at 10:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Michael J. Dausch

23B. ADDRESS

M. D. 4636 Belair Road

23C. DATE SIGNED

9-4-53

A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 8, 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Schimunek Funeral Home, Inc.

ADDRESS

2601-3-5 E. Madison St.

SEP 7-1953

OR5-0728

-530

8033 3-19717

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8033

NAME OF DECEASED
(Type or Print)

Infant of Bertha Smith

(518222)

2. DATE
OF
DEATH

August 4, 1953

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

The Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1337 Argyle Avenue - 17

SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Yrs.
Mos.
Days

8. DATE OF BIRTH

August 4, 1953

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

FATHER'S NAME

Harrison Smith

14. MOTHER'S MAIDEN NAME

Bertha Dennis

WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hospital Records

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 4th, 1953, to August 4th, 1953 that I last saw the deceased alive on August 4, 1953, and that death occurred at 8.27 Am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

The Johns Hopkins Hospital

8/24/53

A. BURIAL, CREMA-
N, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

TE RECEIVED BY
CAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

EP 7-1953

Huntington Williams, M.D.

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UNITED STATES DEPARTMENT OF THE INTERIOR

8340

(OFFICE OF THE SECRETARY)

8340

UNITED STATES

DEPARTMENT OF THE INTERIOR

OFFICE OF THE SECRETARY

WASHINGTON, D. C.

20540-1000

UNITED STATES

DEPARTMENT OF THE INTERIOR

OFFICE OF THE SECRETARY

WASHINGTON, D. C.

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DEPARTMENT OF THE INTERIOR

OFFICE OF THE SECRETARY

WASHINGTON, D. C.

20540-1000

UNITED STATES

DEPARTMENT OF THE INTERIOR

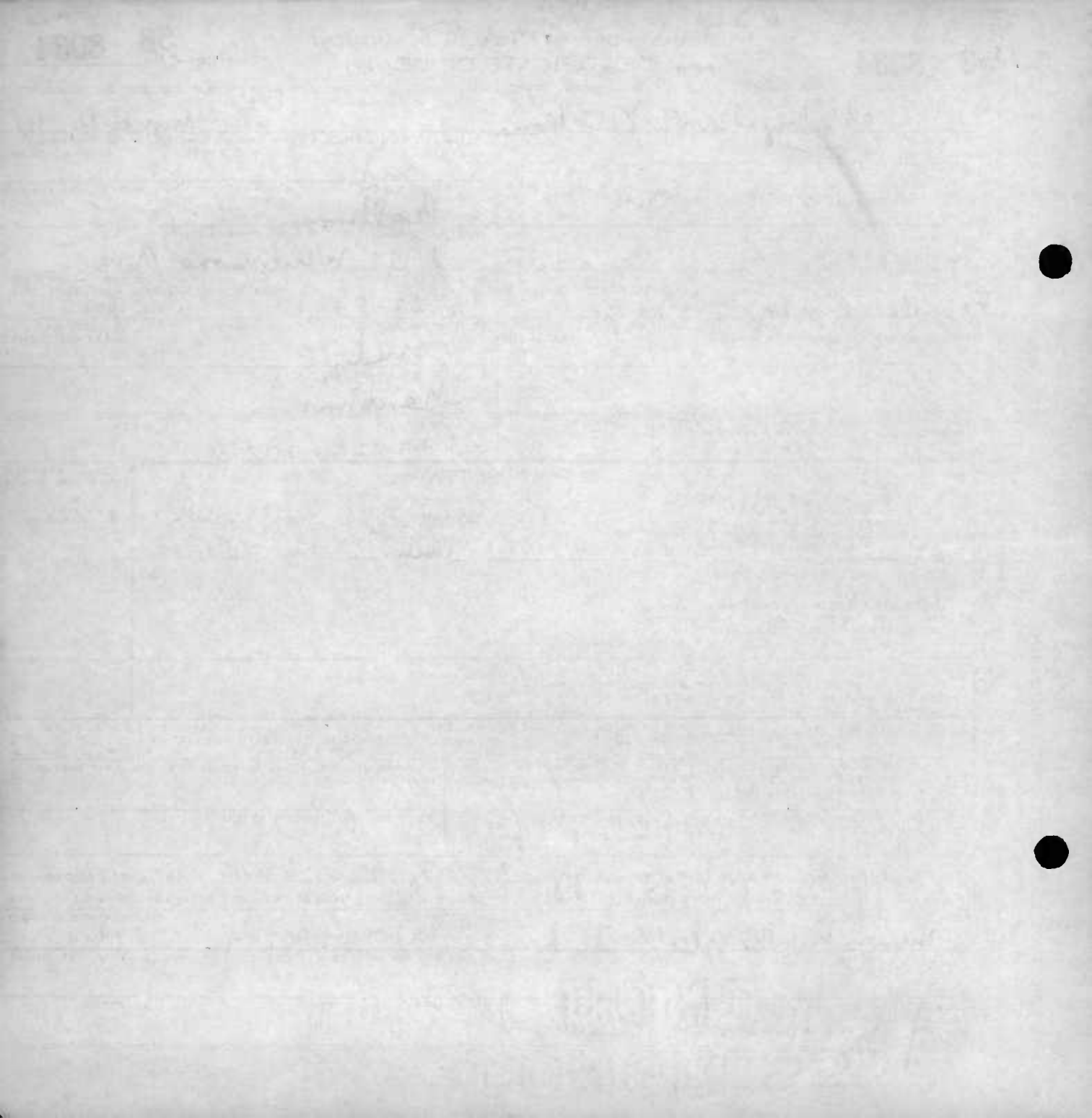
OFFICE OF THE SECRETARY

WASHINGTON, D. C.

20540-1000

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8034
Registered No. 53 8034

BIRTH NO. 53 8034		2-3-20205	
1. NAME OF DECEASED (Type or Print) <i>Baby Irene Nickens</i>		2. DATE OF DEATH <i>August 26, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>1503</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore Yrs. <i>33</i> Mos. <i>1812</i> Days <i>Whitmore Ave.</i>		D. STREET ADDRESS (If rural, give location)	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>8-23-53</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <i>3</i>	11. BIRTHPLACE (State or foreign country) <i>md.</i>
13. FATHER'S NAME	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO.	12. CITIZEN OF WHAT COUNTRY? <i>md.</i>
14. MOTHER'S MAIDEN NAME <i>Mentha</i>		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Transposition of the Great Vessels - Patent Ductus Arteriosus</i>			INTERVAL BETWEEN ONSET AND DEATH <i>8-3 days</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>7-54-1</i>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>8-25, 1953</i> , to <i>8-26, 1953</i> , that I last saw the deceased alive on <i>8-26, 1953</i> , and that death occurred at <i>6:45 p.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Harold DeForest</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>27 Aug 53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY <i>Harford DeForest</i>	24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 7-1953</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>8034</i>	ADDRESS



8-653
3 8035BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8035

IRTH NO.

NAME OF DECEASED
(Type or Print)

Sorrentino, Thomas

2. DATE
OF

DEATH September 6, 1953

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
DEPARTMENT

St. Joseph's

Length of stay in Baltimore

SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. USUAL OCCUPATION (Give kind of
& done during most of working life, even if retired)

Shipping Contractor

10B. KIND OF BUSINESS OR
INDUSTRY

Oceanic Marine Ind.

9. FATHER'S NAME

Ralph Sorrentino

13. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution; residence
A. STATE before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

213 West Lanvale Street

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

57

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Filomina Mancusco

17. INFORMANT

ADDRESS

Mrs. Gloria F. Freda Brooklyn N. Y.

18. 451X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Dissecting aneurysm of the aorta

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from September 6, 1953, to September 6, 1953 that I last saw the
deceased alive on Sept. 6, 1953 and that death occurred at 4:00pm., from the causes and on the date stated above.

23A. SIGNATURE

Carls Ferno

23B. ADDRESS

M. D.

1400 N. Caroline Street

23C. DATE SIGNED

Sept. 6, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

9/9/53

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

Brooklyn, New York

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

H. W. Weers - 805 A Calver St.

STATE OF NEW YORK
DEPARTMENT OF HEALTH

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STATE OF NEW YORK

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STATE OF NEW YORK

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STATE OF NEW YORK

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STATE OF NEW YORK

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STATE OF NEW YORK

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STATE OF NEW YORK

1907

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 8036**1. NAME OF DECEASED
(Type or Print)

Baby Girl "A" Wideman

2. DATE
OF
DEATH

Aug. 17, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION(If not in hospital or institution, give street address or location)
Baltimore City Hospitals
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1304 W. Lafayette Ave. zone #17

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Aug. 12, 1953

9. AGE (in years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Sheppard

14. MOTHER'S MAIDEN NAME

Mattie Houston

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. 4940 Eastern Ave. (records)

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Prematurity

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-12, 1953, to 8-17, 1953 that I last saw the
deceased alive on 8-17, 1953, and that death occurred at 8 P m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. J. H. Williams

M. D.

23B. ADDRESS

4940 Eastern Ave., Balto., Md

23C. DATE SIGNED

8-17-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Cremated

24B. DATE

8-27-1953

24C. NAME OF CEMETERY OR CREMATORY

Baltimore City Hospitals

24D. LOCATION (City, town, or county)

4940 Eastern Ave. Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

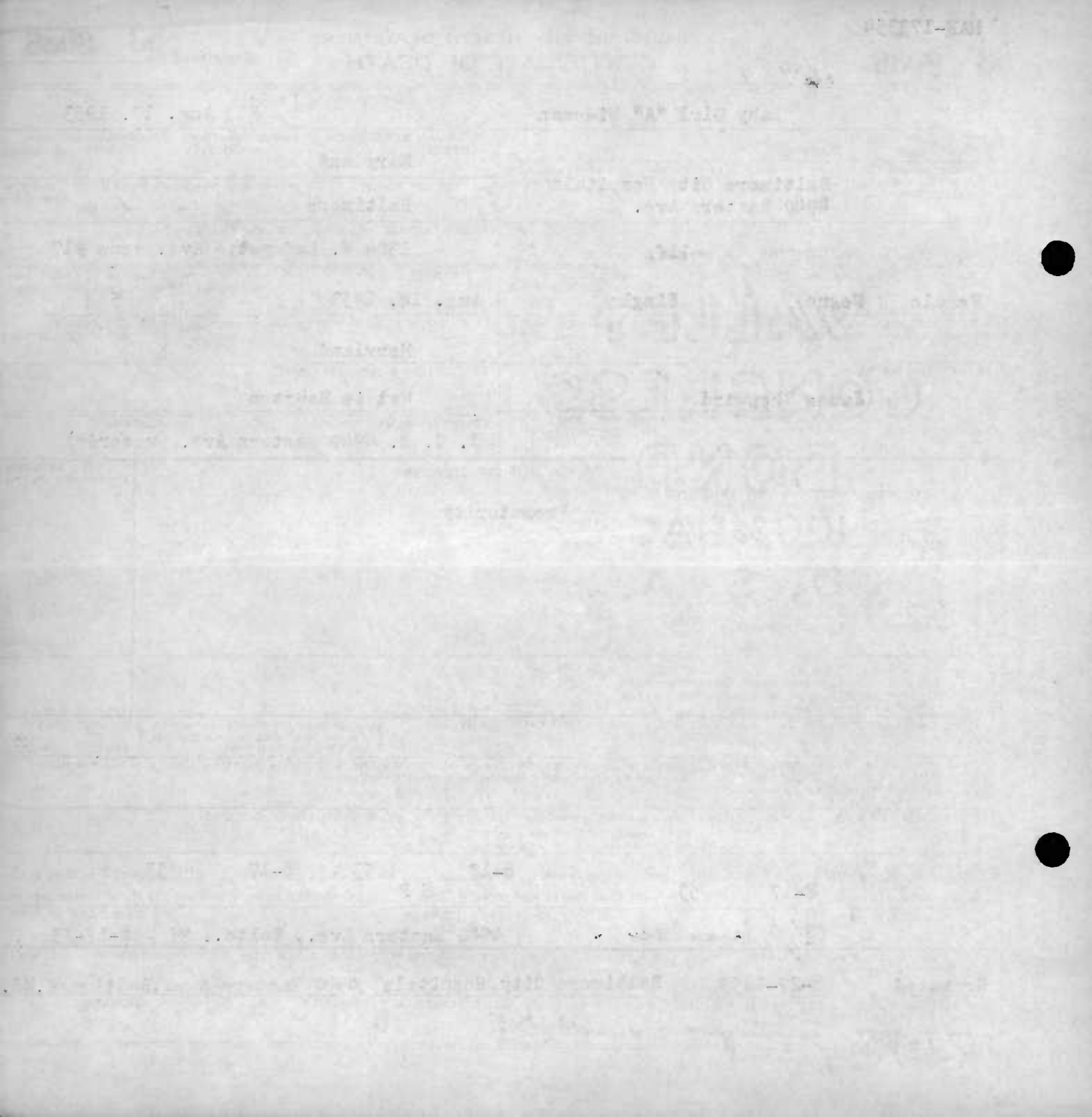
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

SEP 7-1953

VS 150



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8037
Registered No. 53 8037

BIRTH NO. 53 8037 53-18985

1. NAME OF DECEASED
(Type or Print)

Baby Girl Wideman-Twin B

2. DATE
OF
DEATH

8-13-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONBaltimore City Hospitals
4940 Eastern Ave.C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1304 W. Lafayette St. zone 17

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Aug. 12-1953

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Sheppard

14. MOTHER'S MAIDEN NAME

Mattie Houston

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMED BY
Baltimore City Hospitals
Records: 4940 Eastern Ave.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Intracranial Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Prematurity

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-12-1953, to 8-13-1953, that I last saw the
deceased alive on 8-13-1953, and that death occurred at 2 A.M., from the causes and on the date stated above.

23A. SIGNATURE

H.C. Johnson

23B. ADDRESS

M. D. 4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

8-19-1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Cremated

24B. DATE

8-25-1953

24C. NAME OF CEMETERY OR CREMATORY

Baltimore City Hospitals

24D. LOCATION (City, town, or county)

4940 Eastern Ave., Baltimore,

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 7-1953

Huntington, Williams, M.D. 8 0 3 7

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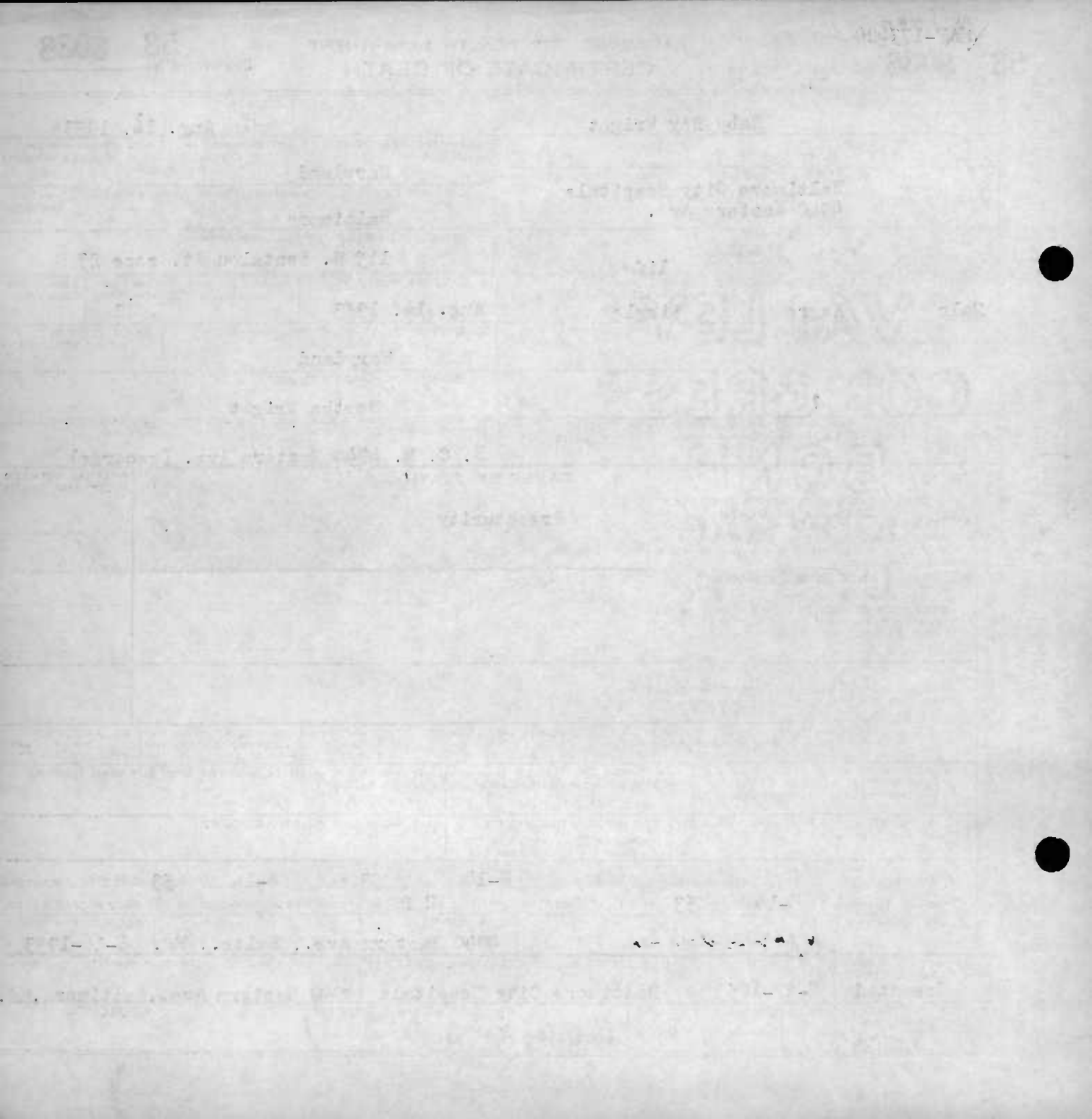
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 8038
Registered No. 8038

BIRTH NO. 53-8038-3-20140

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Baby Boy Wright		Aug. 16, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		A. STATE Maryland B. COUNTY	
c. Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
life		Baltimore	
5. SEX Male		D. STREET ADDRESS (If rural, give location)	
6. COLOR OR RACE Negro		115 N. Bentalou St. zone 23	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		E. DATE OF BIRTH Aug. 14, 1953	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years, last birthday)	
10B. KIND OF BUSINESS OR INDUSTRY		If Under 1 Year Months: Days 2	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Maryland			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
?		Bertha Wright	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
(If yes, give war or dates of service)			
17. INFORMANT		ADDRESS	
B. C. H. 4940 Eastern Ave. (records)			
18. CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) I Prematurity DUE TO			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8-14, 1953, to 8-16, 1953 that I last saw the deceased alive on 8-16, 1953, and that death occurred at 2 P. m., from the causes and on the date stated above.			
23A. SIGNATURE H. J. Williams, M. D.		23B. ADDRESS 4940 Eastern Ave., Balto.. Md.	23C. DATE SIGNED 8-16-1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremated	24B. DATE 8-27-1953	24C. NAME OF CEMETERY OR CREMATORY Baltimore City Hospitals	24D. LOCATION (City, town, or county) (State) 4940 Eastern Ave., Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR SEP 7-1953	REGISTRAR'S SIGNATURE Huntington Williams, M. D.	25. FUNERAL DIRECTOR ADDRESS 8038	

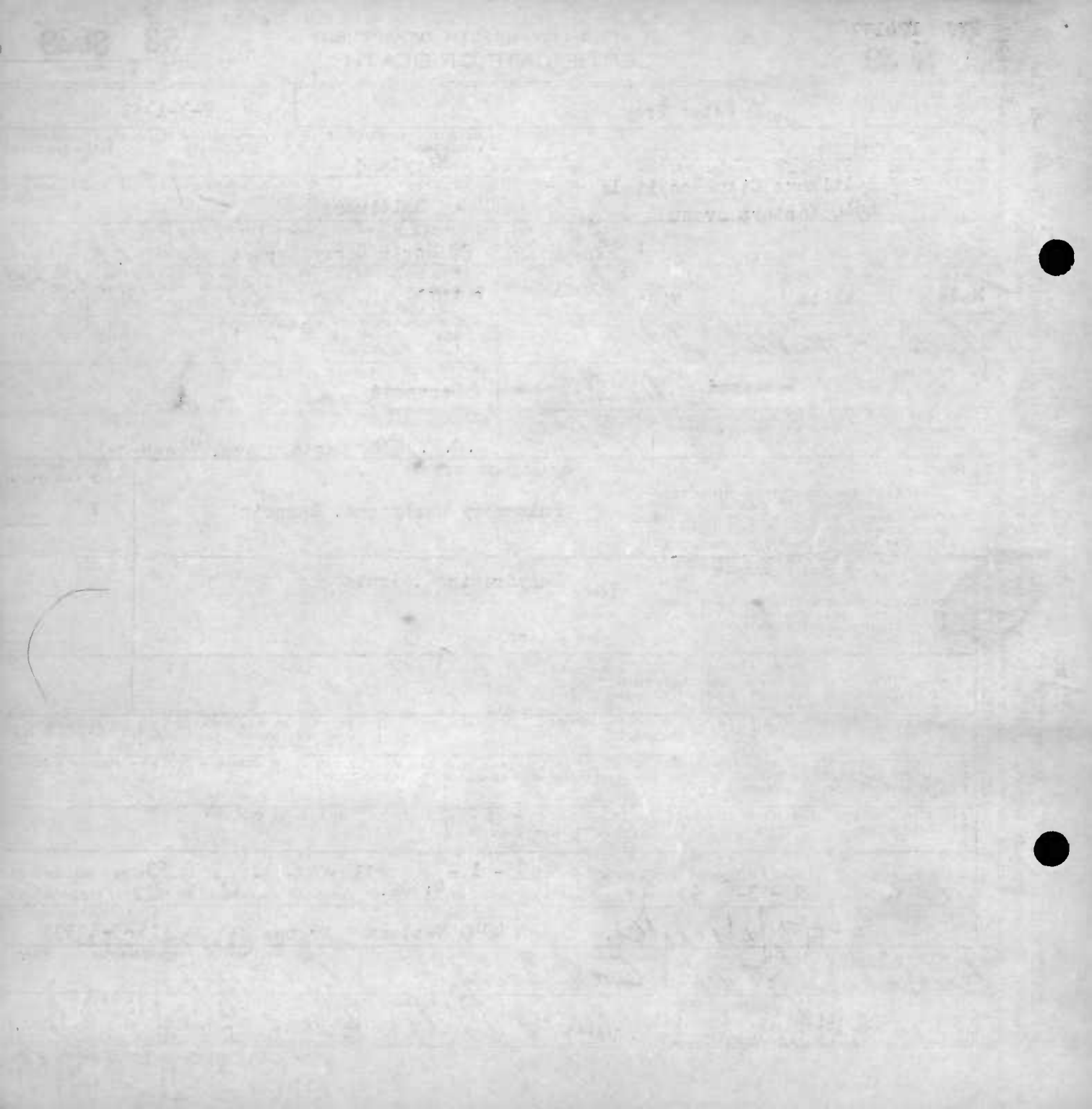


PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 8039**
FW 6000
53 8039
 BIRTH NO.

1. NAME OF DECEASED (Type or Print) Peter Frey		2. DATE OF DEATH 9-3-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 27 North Carey Street	
c. Length of stay in Baltimore 1 Life		E. STREET ADDRESS (If rural, give location) 3322 Spaulding Ave	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH June 4, 1878
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Garment Maker		10B. KIND OF BUSINESS OR INDUSTRY Self	9. AGE (In years last birthday) 80
13. FATHER'S NAME Deceased Peter Frey		11. BIRTHPLACE (State or foreign country) Baltimore	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO. none		14. MOTHER'S MAIDEN NAME Deceased Catherine Bartell	
17. INFORMANT B.C.H. 4940 Eastern Ave. (records)		ADDRESS	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary emphysema, Chronic DUE TO ANTECEDENT CAUSES Dehydration, Acute DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH 1
19A. DATE OF OPERATION 9-3-1953	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-1-1953 to 9-3-1953 that I last saw the deceased alive on 9-3-1953 , and that death occurred at 4:20A.m. , from the causes and on the date stated above.			
23A. SIGNATURE H. J. Lee		23B. ADDRESS 4940 Eastern Avenue	23C. DATE SIGNED 9-3-1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Sept 8/53	24C. NAME OF CEMETERY OR CREMATORY Calvary	24D. LOCATION (City, town or county) (State) Baltimore
DATE RECEIVED BY LOCAL REGISTRAR SEP 7-1953	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Henry Lee	ADDRESS 2024



88-200
53 8040

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8040

BIRTH NO.

NAME OF DECEASED
(Type or Print)

Anna McGaw

2. DATE
OF
DEATH

Sept. 5, 1953

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

2805 Parkwood Ave.

Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2805 Parkwood Ave.

SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Jan 21, 1877

9. AGE (In years last birthday)

76

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Seamstress

12. KIND OF BUSINESS OR INDUSTRY

Men's Ties

13. BIRTHPLACE (State or foreign country)

Baltimore, Md.

14. CITIZEN OF WHAT COUNTRY?

15. FATHER'S NAME

Henry Waterman

16. MOTHER'S MAIDEN NAME

Mary M. Karcher

17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

None

18. SOCIAL SECURITY NO. 213-10-8412 A

19. INFORMANT

Miss Lillian Meinel

ADDRESS

2805 Parkwood Ave.

18. 470.1 and E 900.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary occlusion

1 hour

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive cardio-vascular disease

1 year

(C) CERTIFICATION APPROVED BY

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Joseph L. Jackson, M.D.

19A. DATE OF OPERATION

9 July 53

19B. MAJOR FINDINGS OF OPERATION

Ununited fracture internal malleolus, right

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

2805 Parkwood Ave.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

June 17, 1953

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

She slipped off the back steps of her home.

22. I hereby certify that I attended the deceased from 16 Sept 1952 to 5 Sept 1953, that I last saw the deceased alive on 21 July, 1953, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

John H. Barnaby

23B. ADDRESS

1531 E North Ave

23C. DATE SIGNED

6 Sept 53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9/8/53

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cemetery

24D. LOCATION (City, town, or county) (State)

Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR

SEP 7-1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm J. Tiekens & Son, No. 100

ADDRESS

CERTIFICATE OF DEATH

<p>1. Name of deceased</p>		<p>2. Sex</p>		<p>3. Age</p>		<p>4. Date of birth</p>	
<p>5. Place of birth</p>		<p>6. Occupation</p>		<p>7. Cause of death</p>		<p>8. Date of death</p>	
<p>9. Signature of physician</p>		<p>10. Signature of registrar</p>		<p>11. Signature of witness</p>		<p>12. Signature of family</p>	
<p>13. Signature of clergyman</p>		<p>14. Signature of undertaker</p>		<p>15. Signature of funeral home</p>		<p>16. Signature of cemetery</p>	
<p>17. Signature of health officer</p>		<p>18. Signature of coroner</p>		<p>19. Signature of jury</p>		<p>20. Signature of court</p>	
<p>21. Signature of state</p>		<p>22. Signature of federal</p>		<p>23. Signature of international</p>		<p>24. Signature of other</p>	

W-436

8041

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8041

BIRTH NO.

NAME OF DECEASED
(Type or Print)(QUAL)
ROBERT Q. WALTER2. DATE
OF
DEATH

9-5-53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

OSPITAL OR

INSTITUTION

3903 Woodridge Rd.

Length of stay in Baltimore

Life

SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

Firefighter

10B. KIND OF BUSINESS OR

Balto. City Fire Dept. INDUSTRY

9. FATHER'S NAME

Harry J. Walter

11. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

None

16. SOCIAL
SECURITY NO.
None

8. DATE OF BIRTH

Oct. 24, 1905

9. AGE (In years
last birthday)

47

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Elvira Pepper

17. INFORMANT

ADDRESS

Mrs. Gladys B. Walter 3903 Woodridge Rd.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from Aug. 8, 1953, to 9-5, 1953 that I last saw the
deceased alive on 9-4, 1953, and that death occurred at 9:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

9/9/53

24C. NAME OF CEMETERY OR CREMATORY

Springfield Cemetery

24D. LOCATION (City, town, or county)

Sykesville, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 7-1953

1103

THE UNIVERSITY OF CHICAGO
CENTRAL FILE ON LEAD

1103



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 8042AB-84320
53 8042
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Andrew Brashear			2. DATE OF DEATH 9-5-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) Baltimore City Hospitals-4940 Eastern Ave.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH March 31-1866		9. AGE (In years last birthday) 87
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dairy worker (rtd)		10B. KIND OF BUSINESS OR INDUSTRY Dairy	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Zachariah Andrew Brashear			14. MOTHER'S MAIDEN NAME Sarah Hasher		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. no	17. INFORMANT 4940 Eastern Ave. Records: Baltimore City Hospitals		
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Senility DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cerebro Vasculae Accident DUE TO Emphysema Of Lung					INTERVAL BETWEEN ONSET AND DEATH
11 OTHER SIGNIFICANT CONOITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-13 , 19 43 to 9-5 , 19 53 , that I last saw the deceased alive on 9-5 , 19 53 , and that death occurred at 11.45PM , from the causes and on the date stated above.					
23A. SIGNATURE <i>H. C. Johnson</i>		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED 9-6-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9/9/53		24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem.	
24D. LOCATION (City, town, or county) (State) Balto., Md.		24E. FUNERAL DIRECTOR Wm. J. Dickner & Sons			
DATE RECEIVED BY LOCAL REGISTRAR SEP 7-1953		ADDRESS Balto 17, Md.			

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2-650

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered 53 8043

8043

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
John K. Corane		Sept 5/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)	
426 Eresham Ave		Maryland Baltimore	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
426 Eresham Ave		Baltimore 27-14	
7. Length of stay in Baltimore		8. STREET ADDRESS (If rural, give location)	
Life		426 Eresham Ave	
9. SEX	10. COLOR OR RACE	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	12. DATE OF BIRTH
M.	W.	M.	Oct 28, 1885
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		14. AGE (In years last birthday)	
Bookkeeper & Clerk		67	
15. KIND OF BUSINESS OR INDUSTRY		16. BIRTHPLACE (State or foreign country)	
Credit, Real Estate		Baltimore	
17. FATHER'S NAME		18. CITIZEN OF WHAT COUNTRY?	
Anzi B. Corane		U. S. A	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		20. SOCIAL SECURITY NO.	
No			
21. INFORMANT		22. ADDRESS	
Pauline M. Corane		426 Eresham Ave	
23. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		24. INTERVAL BETWEEN ONSET AND DEATH	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			
25. ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II			
26. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
0			
20A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		20B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21A. TIME (Month) (Day) (Year) (Hour) OF INJURY		21B. INJURY OCCURRED	
		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from August 30, 1953, to Sept 5, 1953, that I last saw the deceased alive on Sept 5, 1953, and that death occurred at 7:30 A.M., from the causes and on the date stated above.		23. HOW DID INJURY OCCUR?	
23A. SIGNATURE		23B. ADDRESS	
Shass. Carr		6201 York Rd	
M. D.		23C. DATE SIGNED	
		9/6/53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
Burial		Sept 8/53	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
London Park		Baltimore Md	
25. FUNERAL DIRECTOR		26. ADDRESS	
Huntington Williams, M.D.		5025 Platfield Ave	

617 Wilton Road.

AB-174063
53B 8044BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8044

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		Alexander Bramble		2. DATE OF DEATH		9-5-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)				Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION 31 Baltimore City Hospitals 4940 Eastern Ave.				C. CITY OR TOWN (If outside corporate limits, write R.R. and give township)				Baltimore	
c. Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location)				2904 Grindon Ave. zone 14	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 5-16-1892 1882		9. AGE (in years last birthday) 71 61		10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tinner				10B. KIND OF BUSINESS OR INDUSTRY Spouting				11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME James Bramble				14. MOTHER'S MAIDEN NAME Hannah Wann				12. CITIZEN OF WHAT COUNTRY? U S A	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no no				16. SOCIAL SECURITY NO. 216-05-9546A		17. INFORMANT 4940 Eastern Ave. Records: Baltimore City Hospitals			
18. 155X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Carcinoma of the Liver, Primary DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION 2				19B. CONDITION FOR WHICH OPERATION WAS PERFORMED				IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)				21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY				21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK				21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8-31-1953 to 9-5-1953, that I last saw the deceased alive on 9-5-1953 and that death occurred at 5:05P.m., from the causes and on the date stated above.									
23A. SIGNATURE H. E. John				23B. ADDRESS M. O. 4940 Eastern Ave., Baltimore Md.				23C. DATE SIGNED 9-6-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9-8-53		24C. NAME OF CEMETERY OR CREMATORY Baltimore		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland			
DATE RECEIVED BY LOCAL REGISTRAR SEP 7-1953				REGISTRAR'S SIGNATURE Medred J. Blight				25. FUNERAL DIRECTOR ADDRESS 6009 Harford Road,	

Journal of Management Education

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 8045**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**NICHOLSON DONALD J.**2. DATE
OF
DEATH**9-4-53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

YESB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION**ST. AGNES HOSPITAL**4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)**MARYLAND**

C. CITY OR TOWN (If outside corporate limits, write MURKIN and give township)

BALTIMORE, MARYLAND 29

D. STREET ADDRESS (If rural, give location)

3724 OLD FREDERICK RD.

c. Length of stay in Baltimore

45 YEARSYrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**MARRIED**

8. DATE OF BIRTH

7-3-19089. AGE (In years
last birthday)**45**If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**PLASTERER**10B. KIND OF BUSINESS OR
INDUSTRY**Mayor & Longley**

11. BIRTHPLACE (State or foreign country)

MARYLAND12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

RICHARD NICHOLSON

14. MOTHER'S MAIDEN NAME

MARY MILLER15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)**No**

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.**213-05-9569**

17. INFORMANT

Mrs Thelma M. Nicholson

ADDRESS

Above18. **526x**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

COR PULMONALE

DUE TO

(RIGHT HEART STRAIN &

ANTECEDENT CAUSES

(B)

BRONCHIECTASIS**HYPERTROPHY)**

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.**EMPHYSEMA**

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Aug 29**, 19**53**, to **Sept. 4**, 19**53**, that I last saw the
deceased alive on **Sept 4**, 19**53** and that death occurred at **7:30A.m.**, from the causes and on the date stated above.

23A. SIGNATURE

James E. Rowe Jr. M.D.

23B. ADDRESS

St. Agnes Hosp.

23C. DATE SIGNED

9/4/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

Sept. 8, 1953

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR**SEP 7 - 1953**

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

3512 Frederick Ave.

2008-2009

DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

2008-2009

WILLIAM
CONGRESS
BOND
HARRINGTON

53

8046

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8046

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY T MARSH

2. DATE
OF
DEATH

9-6-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTION location)

FRANKLIN Square Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

UNKNOWN

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)

If Under 1 Year

If Under 24 Hours

M

white

widowed

July 25, 1893

80

Months

Days

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Painter

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

THOMAS T. MARSH

14. MOTHER'S MAIDEN NAME

Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Nellie B. Schamburg 3128 ST. FRED

18. E903.5

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Subdural Hemorrhage

DUE TO

FRACTURE OF SKULL

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Baltimore & Poppleton Streets

18/1

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

9-5-53 7:35 P.

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

Apparently fell to street

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. B. Fisher

23B. CHIEF MEDICAL EXAMINER... ☒ASSISTANT MEDICAL EXAMINER... ☐MEDICAL INVESTIGATOR... ☐

23C. DATE SIGNED

9-7-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

9-9-53

24C. NAME OF CEMETERY OR CREMATORY

LONDON PARK

24D. LOCATION (City, town, or county)

BALTIMORE MD.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

S. Truman Schwalb

VS 151

N-803, 2

3512 Frederick Ave.

MARGIN RESERVED FOR BINDING

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1



N-200

53 8047

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8047

1. NAME OF DECEASED (Type or Print) SADIE NASH			2. DATE OF DEATH Sept. 2, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Provident Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 14-02		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1507 Pennsylvania Avenue		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) 55	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY COOK	11. BIRTHPLACE (State or foreign country) PC		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME 7			14. MOTHER'S MAIDEN NAME 7		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mullen Mark 1507 Penn Ave		

18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Hypertensive cardiovascular disease -DUE TO ANTECEDENT CAUSES (B) Cardiac cirrhosis DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB-UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>partial autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Joseph G. Jacobin		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 9/3/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 5/5/1953		24C. NAME OF CEMETERY OR CREMATORY MT. RAINIER	
24D. LOCATION (City, town, or county) (State) 918 D. Hight		24E. FUNERAL DIRECTOR 7546 M		24F. ADDRESS 918 D. Hight	

⑥ H-156 CERTIFICATE CORRECTED 9-18-53
BALTIMORE CITY HEALTH DEPARTMENT
53 8048
BIRTH NO. 8048
CERTIFICATE OF DEATH

53 8048
Registered No.

1. NAME OF DECEASED (Type or Print) HENRY F. HEFNER			2. DATE OF DEATH 9-7-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION ST. Agnes Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-07		
c. Length of stay in Baltimore life			D. STREET ADDRESS (If rural, give location) 2807 P. St. N. Brighton St		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 5-6-Mar. 6, 1891		9. AGE (In years last birthday) 62
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector		10B. KIND OF BUSINESS OR INDUSTRY Cherrollet Co.	11. BIRTHPLACE (State or foreign country) Balto. Md. Germany		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Peter Hefner			14. MOTHER'S MAIDEN NAME Margaret Runkel		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 213-10-4214	17. INFORMANT ADDRESS Mrs Ruth Beck 5655 Calver Rd		

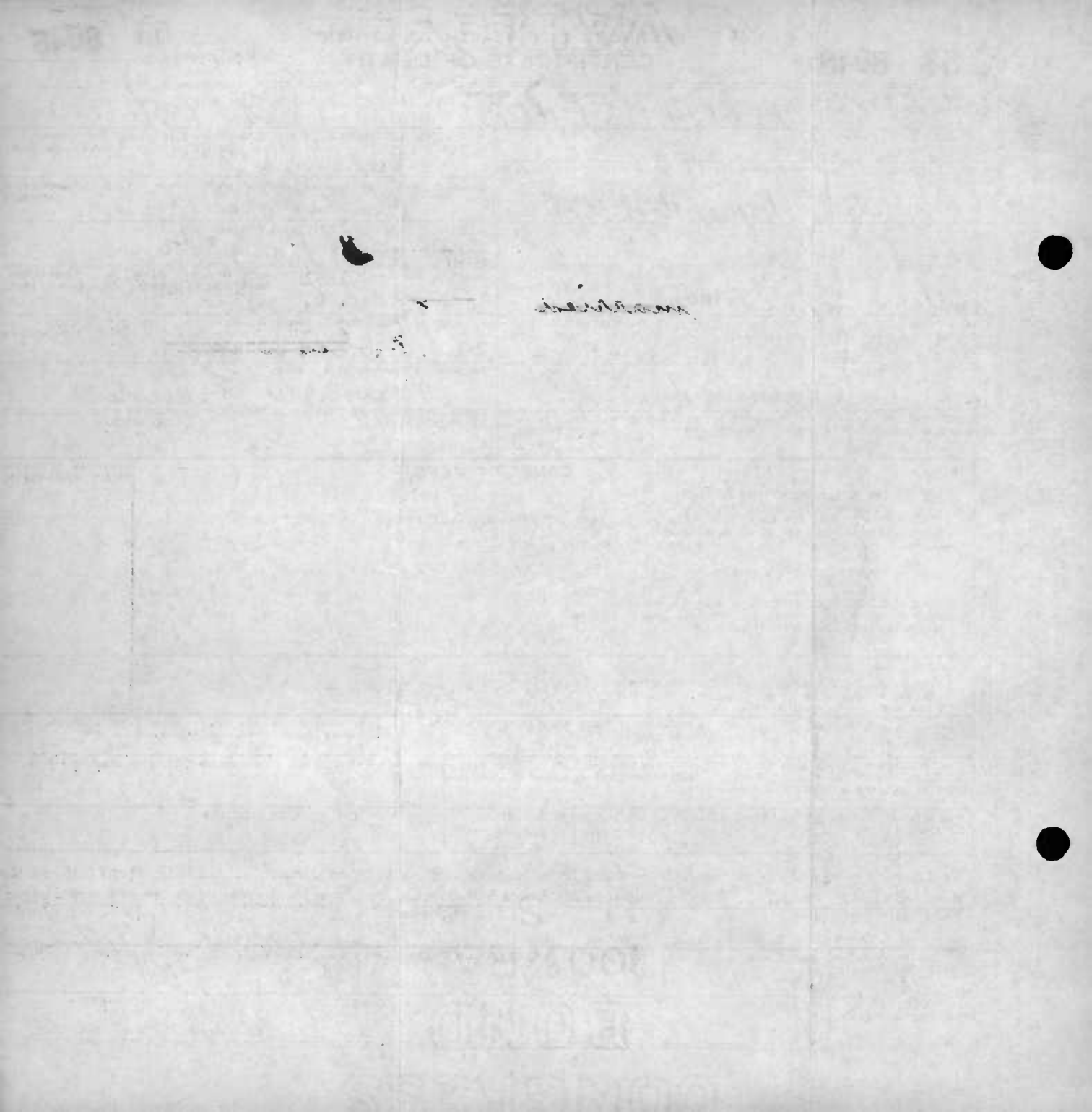
18. 150X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) Carcinoma of esophagus		2 mos.
ANTECEDENT CAUSES		DUE TO with involvement of trachea		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B)		
		(C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Cholelithiasis			
19A. DATE OF OPERATION 2	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Aug 15**, 19**53**, to **Sept 7**, 19**53**, that I last saw the deceased alive on **Sept 7**, 19**53**, and that death occurred at **2:55 PM**, from the causes and on the date stated above.

23A. SIGNATURE **James E. Rowe Jr.** M. D. 23B. ADDRESS **St. Agnes Hospital** 23C. DATE SIGNED **9/7/53**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Sept 10/53	24C. NAME OF CEMETERY OR CREMATORY Meadowridge Memorial	24D. LOCATION (City, town, or county) (State) Dorsey Md
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE Harry H. Wike	25. FUNERAL DIRECTOR ADDRESS 4101 Edmondson Ave.	



5-100

53 8049

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8049
Registered No.

IRTH NO.

NAME OF DECEASED
(Type or Print)

Jubb, Roland Herbert

2. DATE

OF
DEATH September 3, 1953

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

St. Joseph's

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

25-41

D. STREET ADDRESS (If rural, give location)

1117 Pine Heights Avenue

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years,
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

Male

White

Married

Nov. 16, 1890

62

10. USUAL OCCUPATION (Give kind of
work during most of working life, even if retired)

Retired Mechanic

10B. KIND OF BUSINESS OR
INDUSTRY

Balto. Transit Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

3. FATHER'S NAME

John Jubb

14. MOTHER'S MAIDEN NAME

Catherine Jubb

5. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Mrs. Dorothy Ackerman, 48 S. Fulton Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Cerebro-Vascular accident

Hypertensive Cardio-Vascular
diseaseCirrhosis of liver
Cholelithiasis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from August 27, 1953 to September 3, 1953, that I last saw the
deceased alive on Sept. 3, 1953, and that death occurred at 5:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1400 N. Caroline Street

Sept. 3, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial Sept. 8/53 Loudon Pk. Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 8-1953 Huntington 5/15/53 Harry H. Witzke 4101 Edmondson Ave.

55451

② J-520

53 8050

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8050

NAME OF DECEASED (Type or Print) **Thomas H. Jones** 2. DATE OF DEATH **Sept. 5/53**

PLACE OF DEATH: **Baltimore City, Maryland** 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Md.** B. COUNTY **16-08**
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **Baltimore**
D. STREET ADDRESS (If rural, give location) **609 Edgewood St**
FULL NAME OF (If not in hospital or institution, give street address or location)
609 Edgewood St
Length of stay in Baltimore **40 yrs** Yrs. Mos. Days

SEX **Male** 6. COLOR OR RACE **White** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **Feb. 6, 1873** 9. AGE (In years last birthday) **80** 10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of occupation most affecting life, even if retired) **Retired Carpenter** 10B. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) **Md.** 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME **William Jones** 14. MOTHER'S MAIDEN NAME **Nancy Kannamon**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS **Wm. J. P. JONES, 609 Edgewood St**

18. **42211** I CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) **arteriosclerotic cardio vas. disease 20 yrs.**
DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **4/4/52**, 19**52**, to **9/5**, 19**53**, that I last saw the deceased alive on **9/5**, 19**53**, and that death occurred at **7 P** m., from the causes and on the date stated above.

23A. SIGNATURE **Paul R. Ziegler** M. D. 23B. ADDRESS **3723 Edmondson Ave** 23C. DATE SIGNED **9/7/53**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **Sept. 8/53** 24C. NAME OF CEMETERY OR CREMATORY **Druid Ridge** 24D. LOCATION (City, town, or county) (State) **Pikesville, Md.**

DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS **Harry A. Witzke 101 Edmondson Ave.**

EASTMONT CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

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1-438
3348051BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8051

BIRTH NO.

NAME OF DECEASED
Type or Print)

John Moltysuschenko (MOLT)

2. DATE
OF
DEATH

9/5/53

PLACE OF DEATH:

Baltimore City, Maryland ✓

FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

Yrs.
Mos.
Days

Length of stay in Baltimore

25

SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired - Moulders Helper

10b. KIND OF BUSINESS OR
INDUSTRY

STEEL MFR

9. FATHER'S NAME

UNKNOWN

11. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

213-07-5192

17. INFORMANT

ADDRESS

MRS ARTHUR PARRY - SAME

18. 151X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Carcinoma of stomach with
generalized metastasis

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 7/20/53, 19__, to 9/5/53, 19__, that I last saw the
deceased alive on 9/5/53, 19__ and that death occurred at 3A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

23A. SIGNATURE

M. D.

South Baltimore General Hosp.

9/5/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

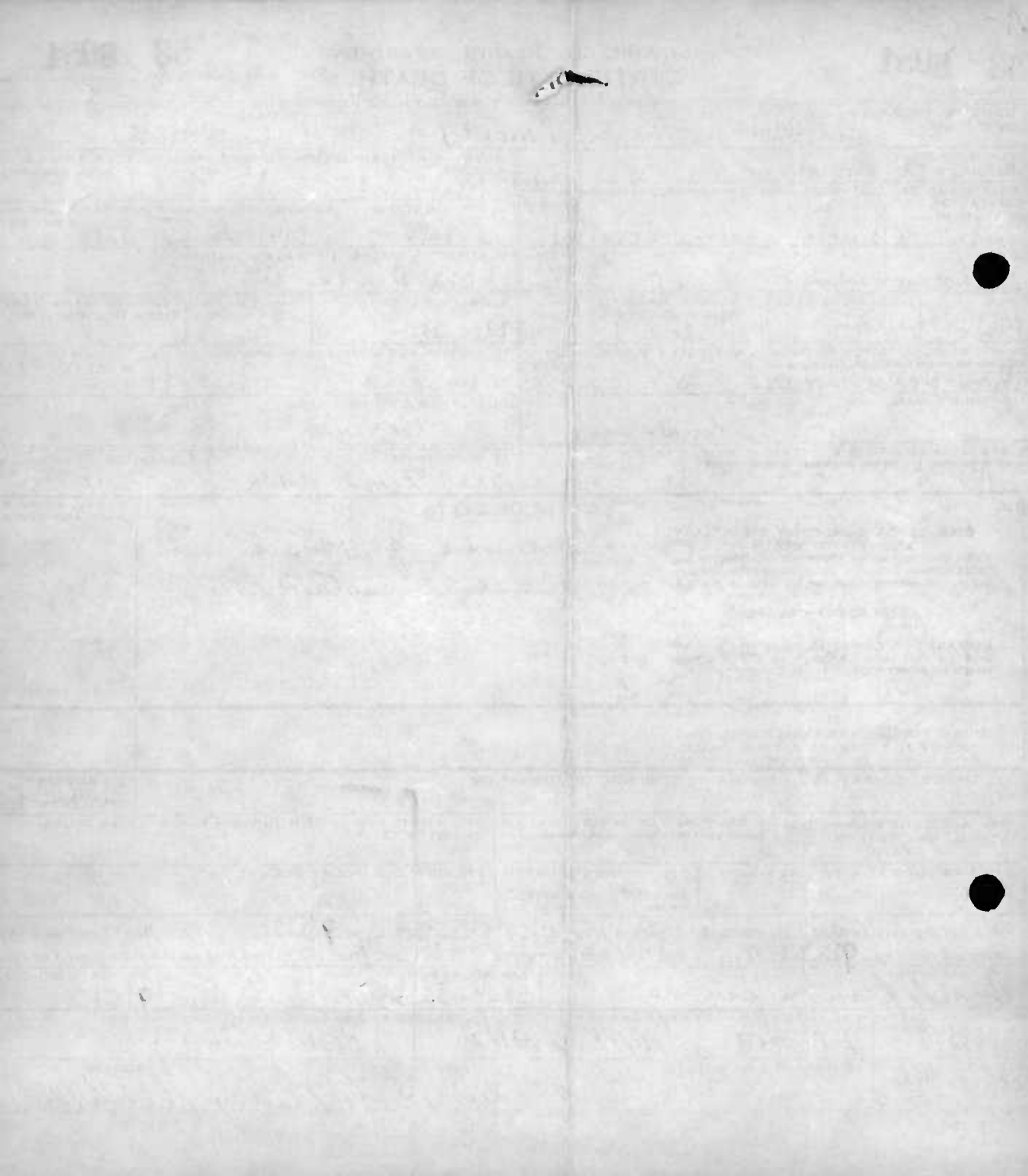
ADDRESS

SEP 8 - 1953

Thunting 5

25. FUNERAL DIRECTOR

ADDRESS



M-460

53 8052

IRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8052
Registered No.1. NAME OF DECEASED
(Type or Print)

MILLER, John Sebastian

2. DATE
OF
DEATH

September 6, 1953

3. PLACE OF DEATH:

Baltimore City, Maryland Baltimore, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore # 6

27-01

D. STREET ADDRESS (If rural, give location)

4016 Southern Ave.

Length of stay in Baltimore

Yrs.
Mos.
Days

SEX

Male

6. COLOR OR RACE

Wh

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

Feb. 7, 1885

9. AGE (in years
last birthday)

68

If Under 1 Year
Months Days Hours Min.10. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Elec. Cont.

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Miller

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. John E. Miller, 944 Cator Avenue

18. 163 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma of Lung (Right)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE, (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/26/53, 19__, to 9/6/53, 19__, that I last saw the
deceased alive on 9/6/53, 19__, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Belagio E. Layung

M. D.

23B. ADDRESS

1400 N. Caroline St.

23C. DATE SIGNED

9/6/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

9-9-53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Willard

FUNERAL DIRECTOR

Leonard J. Ruck, 5305 Harford Road.

ADDRESS

29024

M-610

3 8053

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8053

IRTH NO.

NAME OF DECEASED
(Type or Print)

Terrence J. Murphy Sr.

2. DATE
OF
DEATH

Sept. 7, 1953.

PLACE OF DEATH:
Baltimore City, MarylandFULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL or INSTITUTIONBon Secours Hospital
2025 W. Fayette St Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore #12.

D. STREET ADDRESS (If rural, give location)

36 Dunkirk Rd. 5300

Length of stay in Baltimore

SEX

M

6. COLOR OR RACE

W.

7. SINGLE (MARRIED)
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1/5/1875

9. AGE (In years
last birthday)

78

11 Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

Retired - B & O R. R.

10B. KIND OF BUSINESS OR
INDUSTRY

Asst Purch. Agent

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S.

FATHER'S NAME

Terrence J. Murphy

14. MOTHER'S MAIDEN NAME

Margaret Hanson.

I. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs - FLYNN M. Murphy

ADDRESS 36
DUNKIRK

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Adenocarcinoma of the Sigmoid
DUE TO with generalized intra-abdominal
and lung metastases.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

9-2-53

19B. MAJOR FINDINGS OF OPERATION

No solid cut of Sigmoid with metastases.

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-2-1953 to 9-7-1953 that I last saw the
deceased alive on 9-7-1953, and that death occurred at 7:15 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Bernard J. Burner M. D.

23B. ADDRESS

Bon Secours Hosp. Baltimore

23C. DATE SIGNED

9-7-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Sept 10-1953

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Balto Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington 5/13/53

25. FUNERAL DIRECTOR

Bernard J. Burner

ADDRESS

5305 Harford

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

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2-10-19

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 8054M-420
MAF-173039
53 8054

1. NAME OF DECEASED (Type or Print) Robert Mills <i>Oliver</i> SR			2. DATE OF DEATH Sept. 6, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 4-01		
c. Length of stay in Baltimore life			D. STREET ADDRESS (If rural, give location) 612 E. Baltimore St.		
5. SEX M	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Dec. 29, 1889	9. AGE (In years last birthday) 63	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur - Taxi - Truck		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Philip Mills			14. MOTHER'S MAIDEN NAME Lottie Clemens		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS B. C. H. 4940 Eastern Ave. (records)		
18. 002X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Tuberculosis, far advanced, Bilateral DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8-4 , 19 53 to 9-6 , 19 53 , that I last saw the deceased alive on 9-6 , 19 53 , and that death occurred at 7:35P m., from the causes and on the date stated above.					
23A. SIGNATURE <i>H. J. Ruck</i>		23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED 9-6-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9-9-53		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cem.	
24D. LOCATION (City, town, or county) (State) Balto Md					
DATE RECEIVED BY LOCAL REGISTRAR SEP 8 - 1953		REGISTRAR'S SIGNATURE <i>Huntington W. Hines</i>		25. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck 5305 Harford	

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G-5-22

53 8055

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8055
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Dionisio Gonzaga

2. DATE
OF
DEATH

September 4, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Phillippines

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Occidental

7-05

O. STREET ADDRESS (If rural, give location)

Bacolod Negros

c. Length of stay in Baltimore

15

Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

unmarried

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER

10B. KIND OF BUSINESS OR INDUSTRY

8. DATE OF BIRTH

7-17-89

9. AGE (In years last birthday)

64

If Under 1 Year Months: Days Hours: Min.

11. BIRTHPLACE (State or foreign country)

BACOLOD CITY

12. CITIZEN OF WHAT COUNTRY?

P. I.

13. FATHER'S NAME

DOMIGIANO

GONZAGA

14. MOTHER'S MAIDEN NAME

CONSOLACION GONZAGA

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 420.0 and 260x

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Probable myocardial infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized AS, ASHD

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

1 hr.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes mellitus.

19A. DATE OF OPERATION

9/2/53

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

Amputation, RL leg, for lesion, at foot.

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21a. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-21, 1953 to 9-4, 1953, that I last saw the deceased alive on 9-4, 1953, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Sidney Boston, M.D.

M. O.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

SEPT. 10, 1953

24C. NAME OF CEMETERY OR CREMATORY

Catholic Cemetery

24D. LOCATION (City, town, or county)

Bacolod City, P. I.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

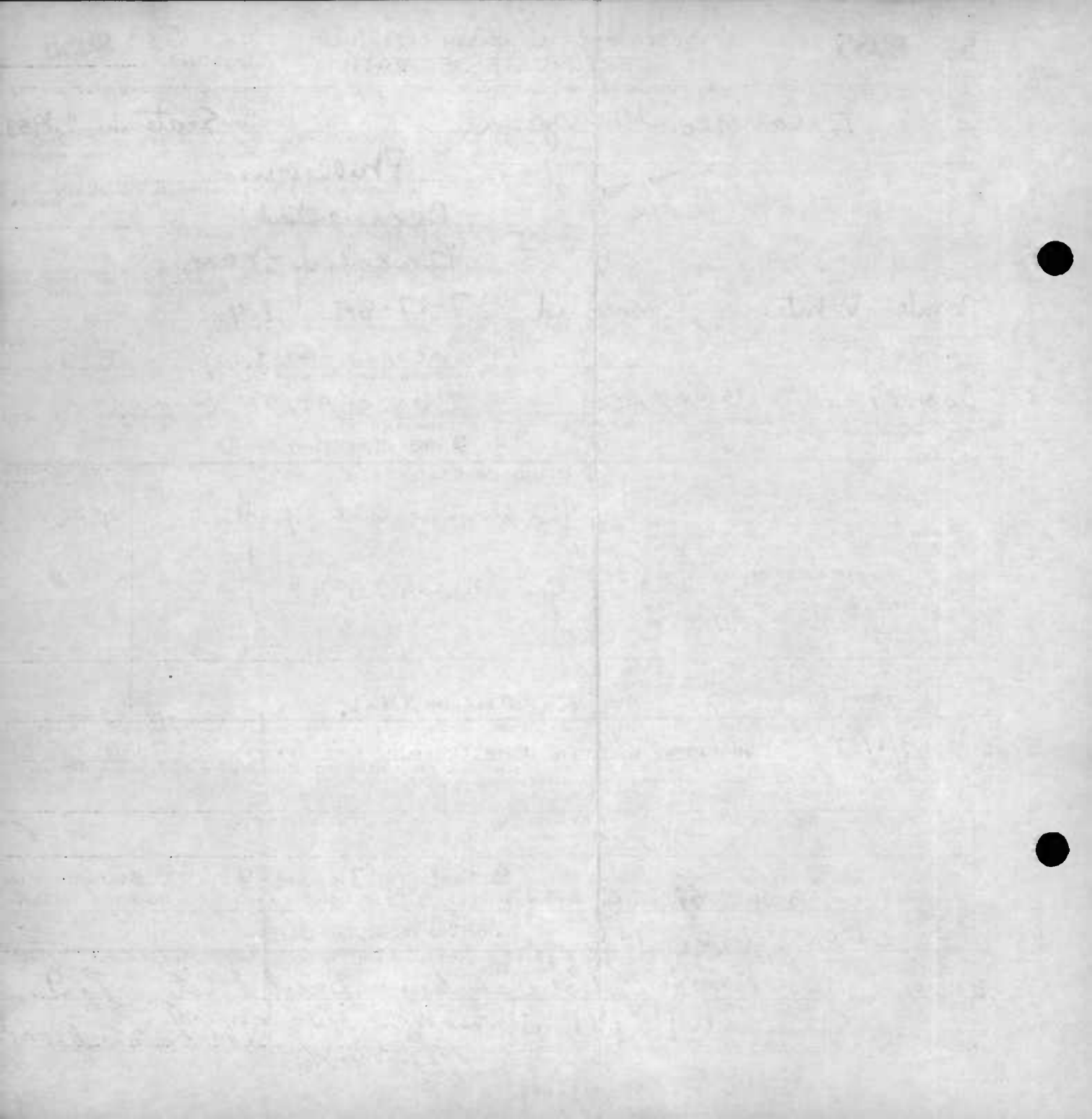
25. FUNERAL DIRECTOR

John A. Mitchell

ADDRESS

Seas, Inc. 1900 Eutaw Place

M. B. Mitchell



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 8056C-623
53 8056
BIRTH NO.

1. NAME OF DECEASED (Type or Print) VICTOR L. CHRISTOPHER			2. DATE OF DEATH Sept. 5, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY none		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 315 S. Clinton St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-10		
c. Length of stay in Baltimore Life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 315 S. Clinton St.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH April 16, 1881		9. AGE (In years last birthday) 72 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Warehouseman, retired		10B. KIND OF BUSINESS OR INDUSTRY Railway Express co.		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
13. FATHER'S NAME John Edward Christopher			12. CITIZEN OF WHAT COUNTRY? U. S.		
14. MOTHER'S MAIDEN NAME Mary Ellen Baidey			17. INFORMANT ADDRESS Mrs. L. J. Johnson 306 E. 32nd St.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.			
18. 241X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Cardiac Dilatation DUE TO			INTERVAL BETWEEN ONSET AND DEATH few hrs.		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Chronic Bronchial Asthma with Emphysema DUE TO			unknown		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. none					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19. IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9/1/ , 19 53 , to 9/5/ , 19 53 , that I last saw the deceased alive on 9/1/ , 19 53 , and that death occurred at m. , from the causes and on the date stated above.					
23A. SIGNATURE Geo W. Hargrett-Anderson M. D.		23B. ADDRESS 401 E. 25th St. Balto. 18 Md.		23C. DATE SIGNED 9/7.53.	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9 - 8 - 53		24C. NAME OF CEMETERY OR CREMATORY Lorraine	
24D. LOCATION (City, town, or county) (State) Woodlawn, Md.					
DATE RECEIVED BY LOCAL REGISTRAR SEP 8 - 1953		REGISTRAR'S SIGNATURE John O. Mitchell		25. FUNERAL DIRECTOR ADDRESS John O. Mitchell & Sons, Inc. - 1900 Eutaw Place	

2008-20

STATE OF TEXAS

2008-20



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3-263

53 8057

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8057

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARTHA

BOGERT Y^o BOGARTY

2. DATE
OF
DEATH

9-5-53

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND.

BALTIMORE

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

D.O.A. ST JOSEPHS HOSPITAL

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

GLEN ARM.

d. STREET ADDRESS (If rural, give location)

5300

c. Length of stay in Baltimore

40 YRS

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

JULY 4 1896.

9. AGE (In years
last birthday)

57

11 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSE WORK

10b. KIND OF BUSINESS OR
INDUSTRY

AT HOME

11. BIRTHPLACE (State or foreign country)

RUSSIA

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

-

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

ZACHARY BOGARTY GLEN ARM MD

18. E812.4

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) CRUSHING INJURY OF CHEST

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

STREET

21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Belair Rd at Perry Hill 53-60

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

9 5 53 PM

21e. INJURY OCCURRED

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☒

21f. HOW DID INJURY OCCUR?

PEDESTRIAN HIT BY AUTO

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE

R. Fisher

23b. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23c. DATE SIGNED

9-6-53

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24b. DATE

SEPT 9 1953

24c. NAME OF CEMETERY OR CREMATORY

HOLY TRINITY CEM.

24d. LOCATION (City, town, or county)

ELK RIDGE

MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Hill Road

25. FUNERAL DIRECTOR

ADDRESS

8095
Cliffel Bldg 1800 E LOMBARD ST

V S 151

N862.2

AB-174303 2-000

53 8058

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8058

1. NAME OF DECEASED (Type or Print) Herman XXXX Leyh			2. DATE OF DEATH 9-5-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 8-03		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1326 N. Luzerne Ave., zone 13		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 17/ 1894		9. AGE (In years last birthday) 59
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engine Man			11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Wm. leyh			14. MOTHER'S MAIDEN NAME Henrietta Horn		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) World War #I			16. SOCIAL SECURITY NO. None		
17. INFORMANT 4940 Eastern Ave.			ADDRESS Records: Baltimore City Hospitals		
18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Myocardial Infarction DUE TO CAUSE OF DEATH 2hrs.					INTERVAL BETWEEN ONSET AND DEATH
II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) DUE TO (C)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 9-5-53		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-5- , 19 53 to 9-5- , 19 53 , that I last saw the deceased alive on 9-5- , 19 53 , and that death occurred at 10.45 p. m., from the causes and on the date stated above.					
23A. SIGNATURE H. C. Johnson		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED 9-6-1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9/9/53		24C. NAME OF CEMETERY OR CREMATORY Baltimore	
24D. LOCATION (City, town, or county) (State) Balto.					
DATE RECEIVED BY LOCAL REGISTRAR SEP 8 - 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Philip Herwig Sons	
VS 150		ADDRESS 2024 Orleans St		31	

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-534		BALTIMORE CITY HEALTH DEPARTMENT		53 8059	
53 8059		CERTIFICATE OF DEATH		Registered No. 53 8059	
BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		FREDRICK NORMAN MANDLEY WILLIAM MANDLEY		9-6-53	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
A. Baltimore City, Maryland		A. STATE Maryland			
B. FULL NAME OF (If not in hospital or institution, give street address or location)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
HOSPITAL OR INSTITUTION		Baltimore 13		8-02	
ST. JOSEPH'S HOSP.		D. STREET ADDRESS (If rural, give location)			
c. Length of stay in Baltimore		1703 N. Collington Ave.			
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
W		M		married	
8. DATE OF BIRTH		9. AGE (In years last birthday)		If Under 1 Year Months Days Hours Min.	
Nov. 11. 1880		72			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
				Princewell County Va.	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
USA		Augustus Mandley		Anna Charochoe	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT (Name and Address)	
no				Mrs. Emma E. Mandley (Wife) 1703 N. Collington Ave.	
18. E900.0		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) TRAUMATIC RUPTURE OF ABDOMINAL AORTA			
ANTECEDENT CAUSES		DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B)			
		DUE TO			
		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
		home		1703 Collington Ave 812	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
9 6 53 630 p.m.				Fall off steps over chair	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .		23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
J. R. Fisher		M.D.		23C. DATE SIGNED 9-7-53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		Sept. 9. 1953		Lorraine Park Cemetery Baltimore Md.	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR		ADDRESS	
		HENRY SANDER & SONS, INC.		Baltimore Md.	
26. LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		27. SIGNATURE	
SEP 10 1953		Huntington		Seay	
VS 151		N 868.0			

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53 8060

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8060

1. NAME OF DECEASED (Type or Print) Emma F. Taylor			2. DATE OF DEATH Sept. 5, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Hood Nursing Home 5321 Edmondson Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 12-03		
C. Length of stay in Baltimore 80 Yrs. Mon. Days			D. STREET ADDRESS (If rural, give location) 2418 Guilford Avenue		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 14, 1867	9. AGE (in years last birthday) 85 86	11. BIRTHPLACE (State or foreign country) Penna
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
10B. KIND OF BUSINESS OR INDUSTRY at Home			14. MOTHER'S MAIDEN NAME Sarah Charters		
13. FATHER'S NAME Lewis Mickey			17. INFORMANT Mr. Frank L. Taylor 5640 Midwood Ave.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Heart Disease DUE TO			INTERVAL BETWEEN ONSET AND DEATH 10 yrs.		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Secondary Arteriosclerosis DUE TO Pulmonary Fibrosis - Chronic, Unknown DUE TO			INTERVAL BETWEEN ONSET AND DEATH 25 yrs. 2 yrs.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 15, 1915 to Sept 5, 1953 that I last saw the deceased alive on Sept 3, 1953 and that death occurred at 2 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE Albert J. Shocher M. D.		23B. ADDRESS 4111 Liberty Heights Ave		23C. DATE SIGNED 9/5/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sept. 8, 1953		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery Baltimore Md.	
24D. LOCATION (City, town, or county) (State) Baltimore Md.		25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC. Baltimore Md.			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington		ADDRESS Henry F. Sander	

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 8061**
53 8061
BIRTH NO.

1. NAME OF DECEASED (Type or Print) VIOLET McCURLEY			2. DATE OF DEATH Sept. 4, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1221 E. North Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 50 Yrs. Mon. Days			D. STREET ADDRESS (If rural, give location) 1221 E. North Avenue		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 13, 1882		9. AGE (in years last birthday) 71
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) Penna.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME (?) Cooper			14. MOTHER'S MAIDEN NAME Catherine (?)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT ADDRESS Mr. James Alfred McCurley		
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH 1221 E. North Ave.			INTERVAL BETWEEN ONSET AND DEATH 5 minutes		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(A) Acute Myocardial Distention DUE TO (B) Chronic Myocarditis Degenerative Fenger DUE TO (C) Hypertensive Cardiovascular Disease Advancing age		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			7 months		
19A. DATE OF OPERATION none		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED none	IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Sept 1, 1952 to Sept 1, 1953 , that I last saw the deceased alive on Sept 4, 1953 , and that death occurred at 6:10 Pm. , from the causes and on the date stated above.					
23A. SIGNATURE James Graham Marston			23B. ADDRESS 516 Cathedral Street		23C. DATE SIGNED 9-5-1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sept 8, 1953	24C. NAME OF CEMETERY OR CREMATORY Shoop's Church Cem.		24D. LOCATION (City, town, or county) (State) Linglestown, Pa.
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE H. Sander & Sons, Inc	25. FUNERAL DIRECTOR H. Sander & Sons, Inc		ADDRESS Baltimore, Maryland

1908

1908



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 8062
Registered No.

BIRTH NO. 53 8062			1. NAME OF DECEASED (Type or Print) <i>M. M. Platt (Groves)</i>			2. DATE OF DEATH <i>9/5/53</i>			
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>University hosp.</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>						
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University of Md. Baltimore</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Lanodowne</i>						
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>214 3rd Ave. 5351</i>						
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married wife</i>		8. DATE OF BIRTH <i>1895</i>	9. AGE (In years, last birthday) <i>58</i>	10. Under 1 Year Months: Days: Hours: Min.		11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>house wife</i>			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>?</i>			14. MOTHER'S MAIDEN NAME <i>?</i>						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Robt. Groves 214-3rd Lanodowne</i>				
18. <i>420.1 and 170X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			CAUSE OF DEATH (A) <i>Anterior-septal myocardial infarction</i> DUE TO <i>coronary thrombosis & pulmonary embolism gall lung lobe.</i> (B) <i>atherosclerosis</i> DUE TO (C)					INTERVAL BETWEEN ONSET AND DEATH <i>1-2 wks.</i> <i>1-2 yrs.</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Carcinoma of Breast. Metastases to Lymphatics.</i>									
19A. DATE OF OPERATION <i>9/5/53</i>			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED			IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <i>9/5</i> , 19 <i>53</i> , to <i>9/5/53</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>9/5/53</i> , 19 <i>53</i> , and that death occurred at <i>5:00 p.m.</i> , from the causes and on the date stated above.									
23A. SIGNATURE <i>Arthur H. Schuchman</i>			23B. ADDRESS <i>University hospital</i>			23C. DATE SIGNED <i>9/6/53</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>			24B. DATE <i>9/8/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Loudon Park</i>		24D. LOCATION (City, town, or county) (State) <i>Balt. Md</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 8-1953</i>			REGISTRAR'S SIGNATURE <i>H. H. H. H. H.</i>			25. FUNERAL DIRECTOR ADDRESS <i>1217 St. Paul st.</i>			

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BARNETT
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8063
Registered No. 8063

53 8063
BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELVIN R. BARNETT

2. DATE
OF
DEATH

9-5-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

MD.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

1045 Patapsco st.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto. 23-02

D. STREET ADDRESS (If rural, give location)

1045 Patapsco st

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 6, 1900

9. AGE (In years last birthday)

53

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laundry Work

10B. KIND OF BUSINESS OR INDUSTRY

Lord Balto. Hotel

11. BIRTHPLACE (State or foreign country)

Kentucky

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Frank Barnett

14. MOTHER'S MAIDEN NAME

Elizabeth ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

302-05-3500

17. INFORMANT

Genobia Webster 1201 Battery Ave.

18. **581.0**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Fatty infiltration of liver**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

R. Fisher

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED **9-5-53**

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9/9/53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc., 1217 8th Paulk

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OFFICE OF THE

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T-520

53 8064

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 8064
Registered No.

1. NAME OF DECEASED (Type or Print) Mrs Catherine Rawinisz		2. DATE OF DEATH 9/6/53	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY Baltimore	
5. FULL NAME OF HOSPITAL OR INSTITUTION Bon Secours Hospital		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
7. Length of stay in Baltimore 50 yrs		8. STREET ADDRESS (If rural, give location) 511 S. Ann St	
9. SEX F	10. COLOR OR RACE W	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	12. DATE OF BIRTH 12-3-84
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		14. AGE (In years last birthday) 68	
15. KIND OF BUSINESS OR INDUSTRY		16. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.	
17. FATHER'S NAME Vincent Rybarczyk		18. BIRTHPLACE (State or foreign country) Poland	
19. MOTHER'S MAIDEN NAME Mary Pinkowski		20. CITIZEN OF WHAT COUNTRY? U.S.	
21. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		22. SOCIAL SECURITY NO.	
23. INFORMANT Edward Rawinisz		24. ADDRESS 511 S Ann St	

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebrovascular accident		INTERVAL BETWEEN ONSET AND DEATH 11 days
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive Arteriosclerotic Heart Disease		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

21. DATE OF OPERATION 0		22. MAJOR FINDINGS OF OPERATION		23. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		25. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		26. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
27. TIME (Month) (Day) (Year) (Hour) INJURY		28. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		29. HOW DID INJURY OCCUR?	
30. I hereby certify that I attended the deceased from Aug 27, 1953 to Sept 6, 1953 , that I last saw the deceased alive on Sept 6, 1953 , and that death occurred at 10:48 m., from the causes and on the date stated above.					
31. SIGNATURE Robert L. Levine		32. ADDRESS Bon Secours Hosp		33. DATE SIGNED 9/6/53	
34. BURIAL, CREMATION, REMOVAL (Specify) Burial		35. DATE Sept 11, 1953		36. NAME OF CEMETERY OR CREMATORY St Stanislaus	
37. LOCATION (City, town, or county) 1300 Timballa on Balto Md		38. REGISTRAR'S SIGNATURE Huntington		39. FUNERAL DIRECTOR Long & Weber 705 S Ann St	

MEDICAL CERTIFICATION

MINISTRE DE LA SANTE
CERTIFICATE OF DEATH

1001

1. Name of the deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of the attending physician	
10. Signature of the registrar		11. Signature of the informant		12. Signature of the witness	
13. Signature of the funeral director		14. Signature of the undertaker		15. Signature of the cemetery official	
16. Signature of the coroner		17. Signature of the medical examiner		18. Signature of the pathologist	
19. Signature of the forensic anthropologist		20. Signature of the forensic odontologist		21. Signature of the forensic toxicologist	
22. Signature of the forensic psychologist		23. Signature of the forensic psychiatrist		24. Signature of the forensic linguist	
25. Signature of the forensic artist		26. Signature of the forensic photographer		27. Signature of the forensic videographer	
28. Signature of the forensic investigator		29. Signature of the forensic analyst		30. Signature of the forensic scientist	
31. Signature of the forensic chemist		32. Signature of the forensic biologist		33. Signature of the forensic geologist	
34. Signature of the forensic meteorologist		35. Signature of the forensic astronomer		36. Signature of the forensic physicist	
37. Signature of the forensic mathematician		38. Signature of the forensic statistician		39. Signature of the forensic economist	
40. Signature of the forensic sociologist		41. Signature of the forensic anthropologist		42. Signature of the forensic archaeologist	
43. Signature of the forensic historian		44. Signature of the forensic linguist		45. Signature of the forensic philosopher	
46. Signature of the forensic psychologist		47. Signature of the forensic psychiatrist		48. Signature of the forensic educator	
49. Signature of the forensic social worker		50. Signature of the forensic counselor		51. Signature of the forensic therapist	
52. Signature of the forensic psychologist		53. Signature of the forensic psychiatrist		54. Signature of the forensic educator	
55. Signature of the forensic social worker		56. Signature of the forensic counselor		57. Signature of the forensic therapist	
58. Signature of the forensic psychologist		59. Signature of the forensic psychiatrist		60. Signature of the forensic educator	
61. Signature of the forensic social worker		62. Signature of the forensic counselor		63. Signature of the forensic therapist	
64. Signature of the forensic psychologist		65. Signature of the forensic psychiatrist		66. Signature of the forensic educator	
67. Signature of the forensic social worker		68. Signature of the forensic counselor		69. Signature of the forensic therapist	
70. Signature of the forensic psychologist		71. Signature of the forensic psychiatrist		72. Signature of the forensic educator	
73. Signature of the forensic social worker		74. Signature of the forensic counselor		75. Signature of the forensic therapist	
76. Signature of the forensic psychologist		77. Signature of the forensic psychiatrist		78. Signature of the forensic educator	
79. Signature of the forensic social worker		80. Signature of the forensic counselor		81. Signature of the forensic therapist	
82. Signature of the forensic psychologist		83. Signature of the forensic psychiatrist		84. Signature of the forensic educator	
85. Signature of the forensic social worker		86. Signature of the forensic counselor		87. Signature of the forensic therapist	
88. Signature of the forensic psychologist		89. Signature of the forensic psychiatrist		90. Signature of the forensic educator	
91. Signature of the forensic social worker		92. Signature of the forensic counselor		93. Signature of the forensic therapist	
94. Signature of the forensic psychologist		95. Signature of the forensic psychiatrist		96. Signature of the forensic educator	
97. Signature of the forensic social worker		98. Signature of the forensic counselor		99. Signature of the forensic therapist	
100. Signature of the forensic psychologist		101. Signature of the forensic psychiatrist		102. Signature of the forensic educator	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 8065**

53 8065

1. NAME OF DECEASED (Type or Print) DOUGLAS FLETT			2. DATE OF DEATH 9/6/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION CITY HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 26-07		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 824 S. PONCA ST		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV. 10. 1880	9. AGE (in years last birthday) 72	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER			10B. KIND OF BUSINESS OR INDUSTRY SHIPYARD		11. BIRTHPLACE (State or foreign country) SCOTLAND
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO.		
17. INFORMANT MRS LILY FLETT			ADDRESS 824 S. PONCA		
18. E900.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fractured neck DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 842 S. PONCA ST. 26/7	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 9-6-53 7:30 PM.		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input checked="" type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR? FELL DOWN STEPS	
22. I certify that I took charge of the remains described above, held an AUTOPSY thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. Fisher		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR		23C. DATE SIGNED 9-7-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE SEPT 9. 1953		24C. NAME OF CEMETERY OR CREMATORY MEADOW RIDGE	
24D. LOCATION (City, town, or county) (State) DORSEY MD		24E. FUNERAL DIRECTOR WILLIAM FUNERAL HOME		ADDRESS DUNDALK	

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

F.430

8002

CERTIFICATE OF DEATH

1911

1911

1911



7-323

3 8066

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8066

Registered No.

IRTH NO.

NAME OF DECEASED
(Type or Print)

Marsha Hudkowitz

2. DATE
OF
DEATH

September 7/53

PLACE OF DEATH:
Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived before admission)
A. STATE

Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)
OSPITAL OR
STITUTION

5811 Jonquil Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-19

Length of stay in Baltimore

11

D. STREET ADDRESS (If rural, give location)

5811 Jonquil Avenue

SEX

6. COLOR OR RACE

A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)

Housewife

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10B. KIND OF BUSINESS OR
INDUSTRY

Own home

FATHER'S NAME

Yuda Levenstein

15. DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

no (unknown)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Joseph Hudkowitz - 5811 Jonquil Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive CVD

DUE TO

(C) Generalized arteriosclerosis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1951, to Sept 7, 1953 that I last saw the deceased alive on 7, 1953, and that death occurred at 9 A m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

803 Cathedral St

9-7-53

A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Hindman Hill Rd

25. FUNERAL DIRECTOR

ADDRESS

VS 150

Huntington

Sol. Beninson + Bros - 1124-26 W-

North Avenue

8088

MINISTRE DE LA SANTE
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1968

1. Name of deceased		2. Sex		3. Age	
4. Date of birth		5. Date of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of coroner		12. Signature of medical examiner	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery	
16. Signature of hospital		17. Signature of nursing home		18. Signature of hospice	
19. Signature of other institution		20. Signature of other place		21. Signature of other person	
22. Signature of other person		23. Signature of other person		24. Signature of other person	
25. Signature of other person		26. Signature of other person		27. Signature of other person	
28. Signature of other person		29. Signature of other person		30. Signature of other person	
31. Signature of other person		32. Signature of other person		33. Signature of other person	
34. Signature of other person		35. Signature of other person		36. Signature of other person	
37. Signature of other person		38. Signature of other person		39. Signature of other person	
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43. Signature of other person		44. Signature of other person		45. Signature of other person	
46. Signature of other person		47. Signature of other person		48. Signature of other person	
49. Signature of other person		50. Signature of other person		51. Signature of other person	
52. Signature of other person		53. Signature of other person		54. Signature of other person	
55. Signature of other person		56. Signature of other person		57. Signature of other person	
58. Signature of other person		59. Signature of other person		60. Signature of other person	
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64. Signature of other person		65. Signature of other person		66. Signature of other person	
67. Signature of other person		68. Signature of other person		69. Signature of other person	
70. Signature of other person		71. Signature of other person		72. Signature of other person	
73. Signature of other person		74. Signature of other person		75. Signature of other person	
76. Signature of other person		77. Signature of other person		78. Signature of other person	
79. Signature of other person		80. Signature of other person		81. Signature of other person	
82. Signature of other person		83. Signature of other person		84. Signature of other person	
85. Signature of other person		86. Signature of other person		87. Signature of other person	
88. Signature of other person		89. Signature of other person		90. Signature of other person	
91. Signature of other person		92. Signature of other person		93. Signature of other person	
94. Signature of other person		95. Signature of other person		96. Signature of other person	
97. Signature of other person		98. Signature of other person		99. Signature of other person	
100. Signature of other person		101. Signature of other person		102. Signature of other person	

2-326

53 8067

BALTIMORE CITY HEALTH DEPARTMENT

53 8067

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

NAME OF DECEASED
(Type or Print)

Charles Rodgers

2. DATE
OF
DEATH

9-3-53

PLACE OF DEATH:

Baltimore City, Maryland

Provident Hospital

FULL NAME OF (If not in hospital or institution, give street address or location)

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

542 Roberts St.

Length of stay in Baltimore

25

Yrs.
Mos.
Days

SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug. 19, 1901

9. AGE (In years
last birthday)

52-50

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

Aphorizing

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Durham N.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

B. FATHER'S NAME

Dan Rodgers

14. MOTHER'S MAIDEN NAME

Hannah

N.C.

C. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 410X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Congestive Heart failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Mitral Insufficiency

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHOTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 8-21, 1953, to 9-3, 1953 that I last saw the
deceased alive on 9-3, 1953, and that death occurred at 7:30 m., from the causes and on the date stated above.

23A. SIGNATURE

Jesse R. Lemo

M. D.

23B. ADDRESS

Provident Hospital

23C. DATE SIGNED

9-3-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

9-1-53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24D. LOCATION (City, town, or county)

A.A. Co.

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

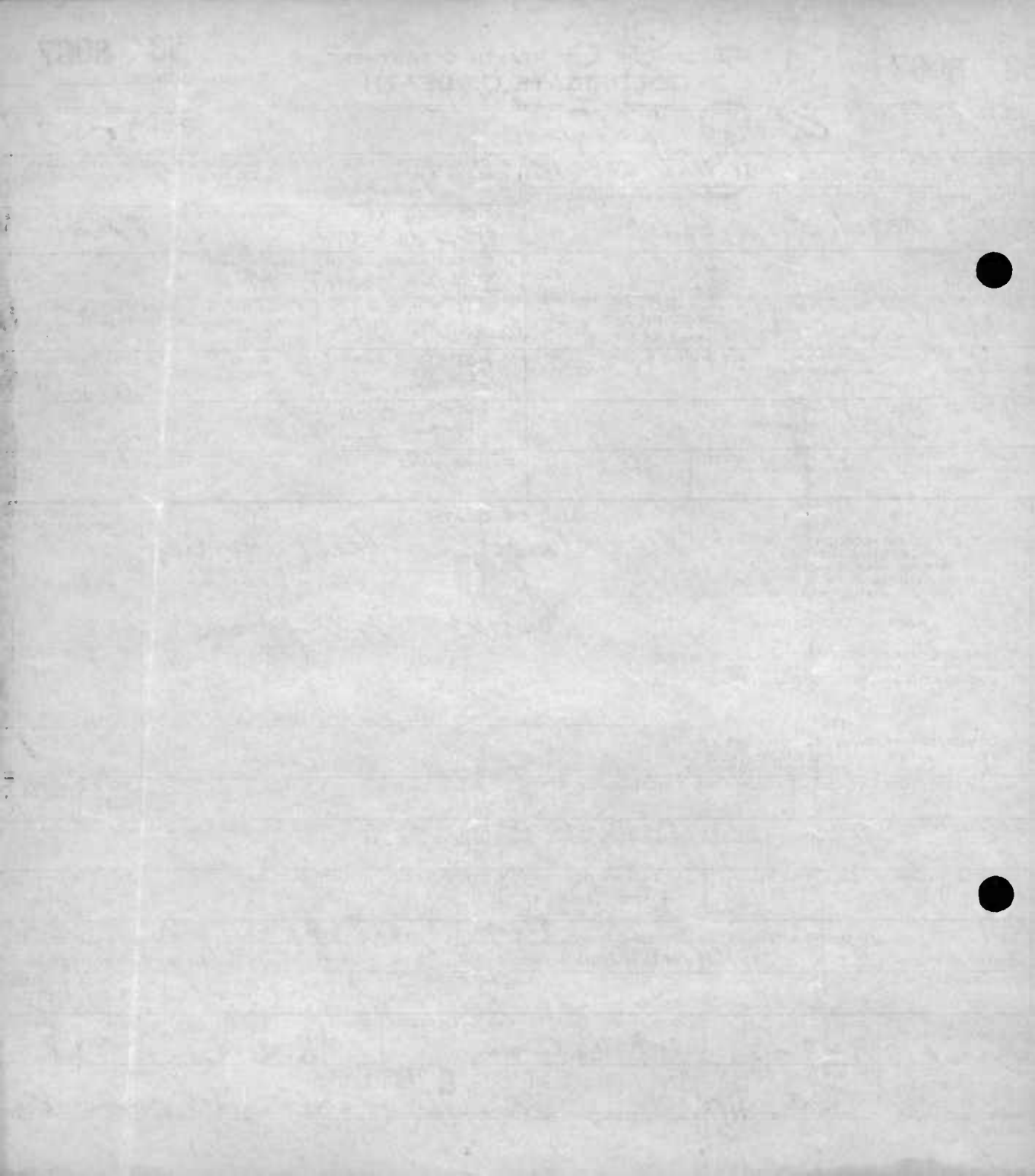
Huntington

25. FUNERAL DIRECTOR

ADDRESS

Wm. A. Jackson 916 Penn. Ave.

59384



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 8068
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BEATRICE BUNNER Thomas

2. DATE OF DEATH

9-5-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

City Morgue

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1641 Fleet Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

divorced

8. DATE OF BIRTH

May 1917

9. AGE (In years last birthday)

36

11 Under 1 Year Months Days

11 Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

waitress

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

W. Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Joseph Bunner

14. MOTHER'S MAIDEN NAME

Hilaa Stevens

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Joseph Bunner 1810 E. Baltimore St.

18. **E802X and 322.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **EXTREME CRUSHING**

TO **INJURIES OF ABDOMEN & CHEST**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

ACUTE Alcoholism

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

9-5-53 2:30 A.M.

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

RUN OVER BY TRAIN

22. I certify that I took charge of the remains described above, held an **Inspection** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☐

ASSISTANT MEDICAL EXAMINER ☐

MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

9-5-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

9/8/53

24C. NAME OF CEMETERY OR CREMATORY

St. Paule

24D. LOCATION (City, town, or county) (State)

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook Inc. 1217 St. Paul St.

VS 151

N869.2

7846M

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CONTINUATION OF REPORT

TO BE FILLED OUT BY THE

FARMER OR

OWNER OF THE

FARM

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 8069

53 8069

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DONNA C. DURHAM.

2. DATE
OF
DEATH

9-5-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

MD

B. COUNTY

23-01

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

SO BALTO GEN'L HOSP

C. CITY OR TOWN

BALTIMORE 30

D. STREET ADDRESS (If rural, give location)

1432 SHANOVER ST

c. Length of stay in Baltimore

LIFE

Yrs.

Mos.

Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

JAN. 22-1947

9. AGE (In years

last birthday)

6

11 Under 1 Year

Months: Days

- - -

12 Under 24 Hours

Hours: Min.

- - -

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

STUDENT

10B. KIND OF BUSINESS OR INDUSTRY

WILG AT P.S.

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

ABRAHAM DURHAM

14. MOTHER'S MAIDEN NAME

MARRIE BAKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

ABRAHAM DURHAM (same)

18. E812.4

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

CRANIO CEREBRAL INJURY

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

STREET

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

OSTEND ST AT HANOVER

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

9 5 53 12⁰⁵21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian hit by auto

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy (Inspection) or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. F. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR

23C. DATE SIGNED 9-6-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial -

24B. DATE

Wed. Sept-9-1953

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill Cem.

24D. LOCATION (City, town, or county)

Q. 9. Co. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston W. Evans

25. FUNERAL DIRECTOR

A. HOWARD EVANS

ADDRESS

Q. 9. Co. Md.

VS 151

N 56.2

14005 CHARLES ST BALTO 30 MD

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

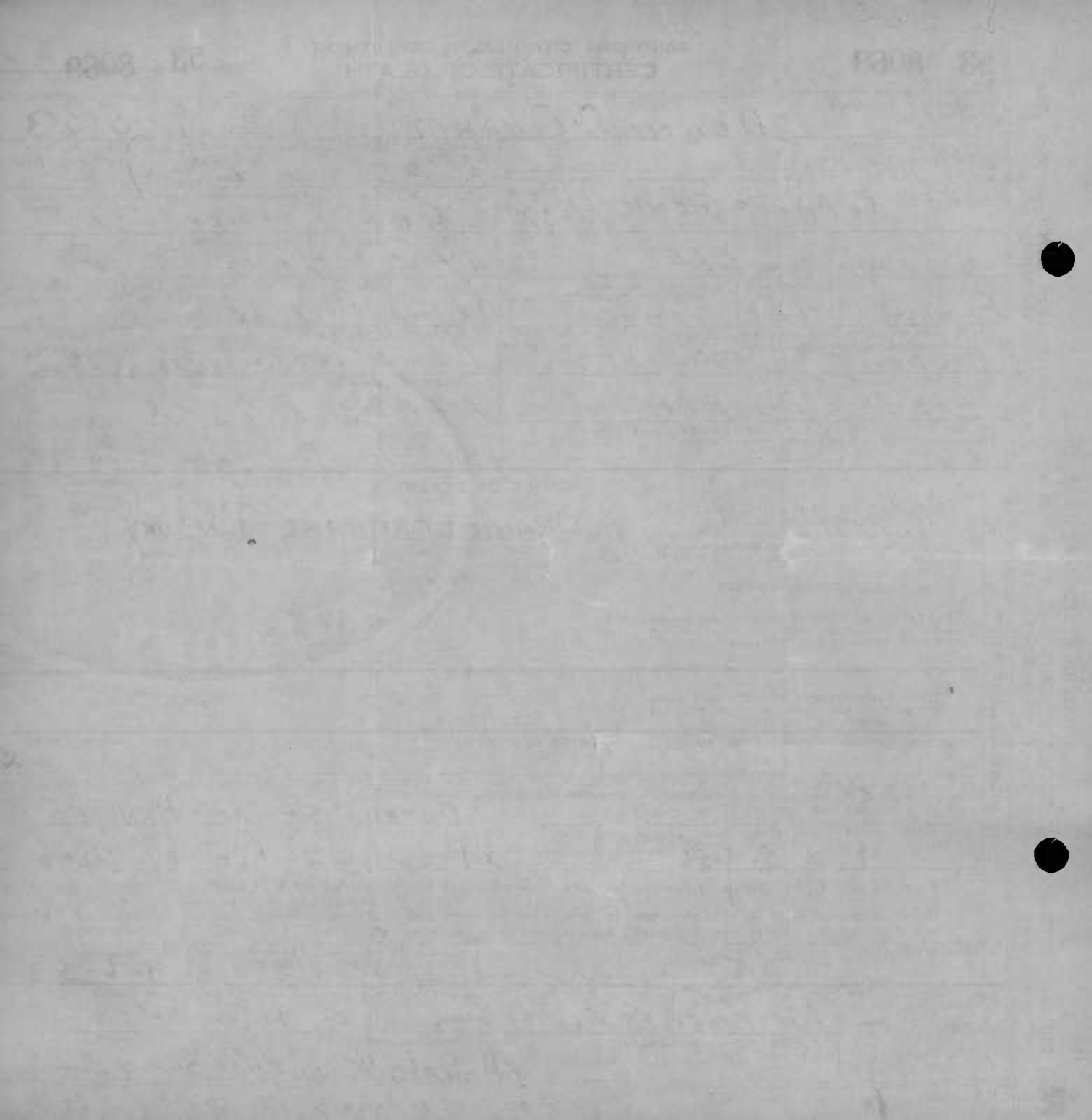
23 8069

23

UNITED STATES DEPARTMENT OF HEALTH
AND HUMAN SERVICES
NATIONAL CENTER FOR HUMAN GENETICS

8069

23



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-352

53 8070

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8070
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HERMAN L. KEATING SR.

2. DATE
OF
DEATH

9/5/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

308 N. BRUCE STREET

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give
township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

308 N. BRUCE STREET

c. Length of stay in Baltimore

50 YEARS

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

5/20/1886

9. AGE (In years
last birthday)

67

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

CHAUFFEUR

10B. KIND OF BUSINESS OR
INDUSTRY

FUNERAL

11. BIRTHPLACE (State or foreign country)

PHILA. PA.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

CHARLES KEATING

14. MOTHER'S MAIDEN NAME

SARAH BACON

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NONE

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MABEL M. KEATING (W) 308 N. BRUCE

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) PULMONARY Edema
DUE TO

48 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Arterio Sclerotic Heart
DUE TO Disease

5 yrs.?

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/4, 1953, to 9/5, 1953, that I last saw the
deceased alive on 7/4, 1953, and that death occurred at 2:40 a. m., from the causes and on the date stated above.

23A. SIGNATURE

J. Preston Hunt

M. D.

23B. ADDRESS

601 N. CARROLLTON

23C. DATE SIGNED

9/8/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

9/8/53

24C. NAME OF CEMETERY OR CREMATORY

ARBUTUS MEM'L. PK.

24D. LOCATION (City, town, or county)

BALTO. COUNTY, MD.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Charles H. Cooper

6828F 512 Carrollton

8/2/53

8/2/53

19

8/2/53

8/2/53

8/2/53

8/2/53

8/2/53

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8/2/53

8/2/53

8/2/53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8071
Registered No.53 8071
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

SAMUEL CASTER

2. DATE
OF
DEATH

9-4-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MD

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTE SOUTH BALTO. GENERAL HOSPITAL

CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTO.

D. STREET ADDRESS (If rural, give location)

1219 E. PRESTON ST.

c. Length of stay in Baltimore

30YRS

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SEP.

8. DATE OF BIRTH

8/5/1912

9. AGE (In years
last birthday)

41

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HUCKSTER

10B. KIND OF BUSINESS OR
INDUSTRY

PRODUCE

11. BIRTHPLACE (State or foreign country)

FLA.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

SAMUEL CASTER

14. MOTHER'S MAIDEN NAME

CARRIE PITTMAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS ✓

LAURA ALFORD(S) 1219 E. PRESTON

18. 023X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

LUETIC HEART DISEASE

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ WORK
m. AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

B. Fisher

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐
M.D. MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
9-5-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

9/9/53

24C. NAME OF CEMETERY OR CREMATORY

MT. CALVARY CEM.

24D. LOCATION (City, town, or county)

A.A. COUNTY, MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. GENERAL DIRECTOR

ADDRESS ✓

VS 151

2906A 512 N. Carrollton

W-300
53 8072BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8072
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

White, Dorothy

2. DATE
OF
DEATH

9/4/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

38 University Hospital

Yrs.
Mos.
Days

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

671 Sara Anne St.

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept 4, 1921

9. AGE (In years
last birthday)

32

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SEAMSTRESS

10B. KIND OF BUSINESS OR INDUSTRY

DRESS,AKER

11. BIRTHPLACE (State or foreign country)

BALTO. MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JAMES WHITE

14. MOTHER'S MAIDEN NAME

MABEL

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MABEL EVANS(M) 671 SARAHANN ST.

18. 023X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Suetic Arteritis & Rheumatic
mitral Insufficiency

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT
WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/3, 1953, to 9/4, 1953, that I last saw the deceased alive on 9/4, 1953, and that death occurred at 8:15 Am., from the causes and on the date stated above.

23A. SIGNATURE

L. W. Elgin, Jr. M. D.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

9/5/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

9/9/1953

24C. NAME OF CEMETERY OR CREMATORY

MT. AUBURN CEMETERY

24D. LOCATION (City, town, or county)

BALTO. MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 8-1953

H. 915 3 00

Charles P. Pugh 512

C. W. Elgin, Jr.

502

2 3 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE CORRECTED ~~10-28-53~~

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8073
Registered No. 53 8073

53 8073
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>William E. Jones</i>		2. DATE OF DEATH <i>Sept 9th 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Johns Hopkins Hosp</i>		4. USUAL RESIDENCE (Where deceased lived if institution: residence before admission) A. STATE <i>Virginia</i> B. COUNTY <i>V-43</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN <i>Marshall</i>	

c. Length of stay in Baltimore Yrs. Mos. Days

5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>3-21-1888</i>	9. AGE (In years last birthday) <i>65</i>	10. UNDER 1 Year Months: Days	11. UNDER 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farm manager</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Agriculture</i>		11. BIRTHPLACE (State or foreign country) <i>Ireland</i>		12. CITIZEN OF WHAT COUNTRY? <i>Great Britain</i>

13. FATHER'S NAME *William E. Jones* 14. MOTHER'S MAIDEN NAME *Agnes Allan*

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT *JOHNS HOPKINS HOSPITAL* ADDRESS

18. <i>151X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinomatosis</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>Unknown</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Gastric carcinoma</i> DUE TO		<i>Unknown</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>2</i>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
---------------------------------	--	--	--

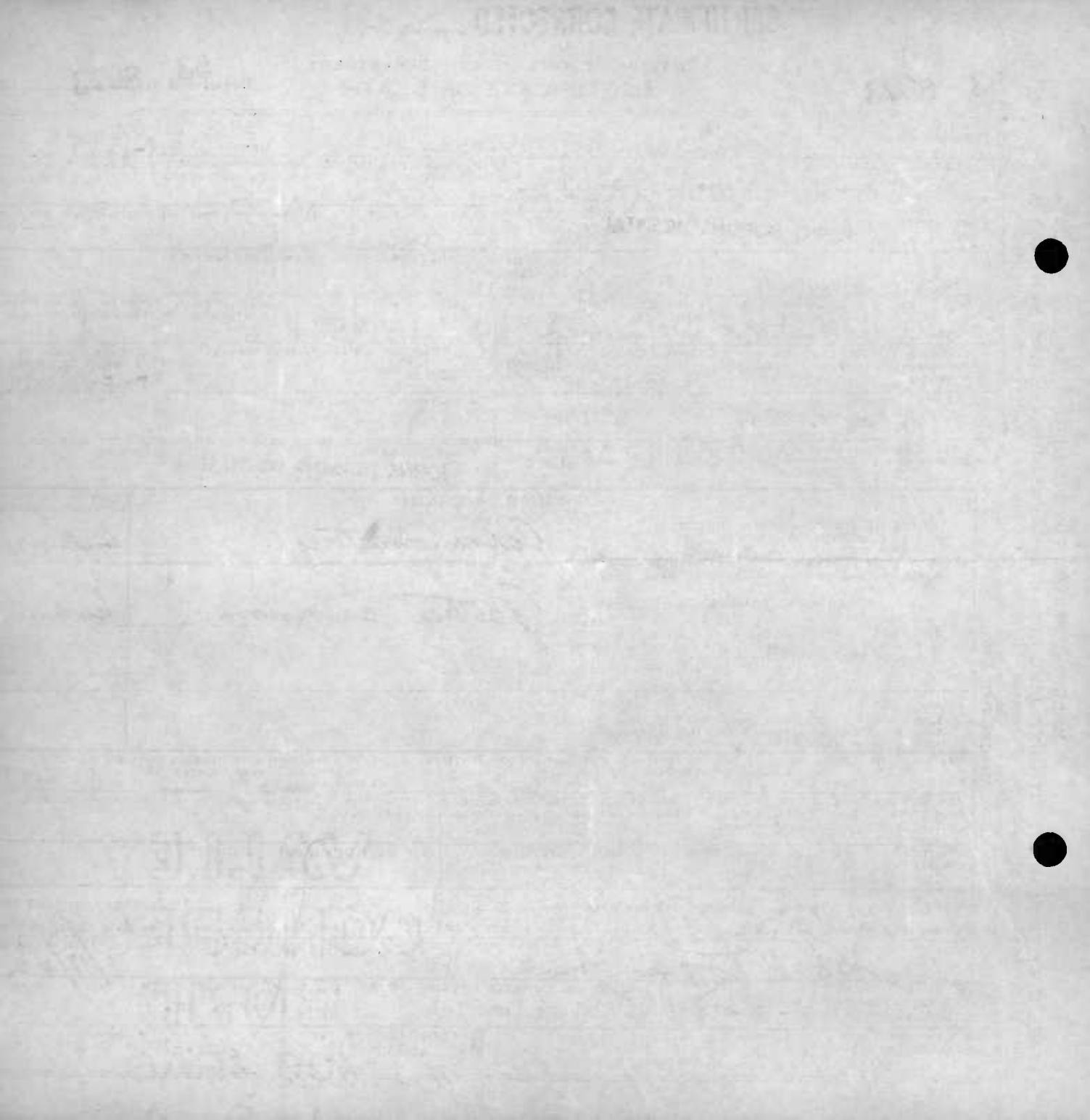
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *6/19*, 19 *52*, to *9/6*, 19 *53*, that I last saw the deceased alive on *9/6*, 19 *53*, and that death occurred at *10:00 P.m.*, from the causes and on the date stated above

23A. SIGNATURE *John L. Fugate* M. D. 23B. ADDRESS *JOHNS HOPKINS HOSPITAL* 23C. DATE SIGNED *9/7/53*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *9-9-53* 24C. NAME OF CEMETERY OR CREMATORY *Middleburg Memorial* 24D. LOCATION (City, town, or county) (State) *Middleburg, Va.*

DATE RECEIVED BY LOCAL REGISTRAR *SEP 8-1953* REGISTRAR'S SIGNATURE *Huntington Williams* 25. FUNERAL DIRECTOR *John O. Mitchell & Sons, Inc.* ADDRESS *-1900 Eutaw Place*



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8074
Registered No.NAME OF DECEASED
(Type or Print)

Howard Wallace Mitchell

2. DATE
OF
DEATH

Sept. 5, 1953

PLACE OF DEATH:

Baltimore City, Maryland Greenway Apts

FULL NAME OF
HOSPITAL OR
STITUTION
(If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE Maryland B. COUNTY Baltimore City

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

308 Greenway Apts

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

39 Yrs.
Mos.
Days

SEX Male 6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Assistant Chief Clerk

10B. KIND OF BUSINESS OR INDUSTRY

West in Md. R. R.

FATHER'S NAME

Herbert I. Mitchell

C. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

es World War No. 2

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Ann W. Mitchell-Greenway Apts.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis 3 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)Myocarditis 2 yrs
Coronary Sclerosis 4 yrsII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from April 10, 1951, to Sept. 5, 1953, that I last saw the deceased alive on Sept. 5, 1953, and that death occurred at 10 A.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9/8/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

ATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 8 - 1953

26. J. J. Vickers & Sons

Balto. 17, Md.

53 8075

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8075

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edward Briscoe

2. DATE
OF
DEATH

Sept 4, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1515 Prestman st

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto

15-01

D. STREET ADDRESS (If rural, give location)

1515 Prestman st

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

m

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

m

8. DATE OF BIRTH

march 5 1893

9. AGE (In years
last birthday)

60

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

md

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Raymus Briscoe

14. MOTHER'S MAIDEN NAME

—

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Annie Briscoe 1515 Prestman st

18. 177X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma Prostate

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONITION CAUSING IT.Arterio sclerotic Heart-
disease

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept- 3, 1953 to Sept- 4, 1953, that I last saw the
deceased alive on Sept- 3, 1953 and that death occurred at 11:00 P. M., from the causes and on the date stated above

23A. SIGNATURE

E. Walter Sherrington

M. D.

23B. ADDRESS

2301 Harlem Ave

23C. DATE SIGNED

9/7/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

9-9-53

24C. NAME OF CEMETERY OR CREMATORY

St Peters cem

24D. LOCATION (City, town, or county)

md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 8-1953

George S. Nelson

1303 Prestman st

2301
Hadden and

53 8076

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8076
Registered No.

1. NAME OF DECEASED (Type or Print) Vanderbilt BURLEY			2. DATE OF DEATH 9-4-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Ind B. COUNTY Ind		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 42 Sinai Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto 15-01		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1731 N. Carey St.		
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 10/10/97		9. AGE (In years last birthday) 55
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ind
13. FATHER'S NAME John Burley			14. MOTHER'S MAIDEN NAME Armenella Williams		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes WW #1 212-03-33			17. INFORMANT 17 Alma Burley N. Carey St		
16. SOCIAL SECURITY NO.			ADDRESS 1731		
18. 451X			CAUSE OF DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			(A) Ruptured Aneurysm, Aorta		
ANTECEDENT CAUSES			DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B) Arteriosclerosis		
			DUE TO		
			(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 9-3-53		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Mediastinal Mass		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8-30 , 19 53 to 9-4 , 19 53 that I last saw the deceased alive on 9-4 , 19 53 and that death occurred at 9:30 AM , from the causes and on the date stated above.					
23A. SIGNATURE Norman L. Miller		23B. ADDRESS Sinai Hosp.		23C. DATE SIGNED 9-4-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9/8/53		24C. NAME OF CEMETERY OR CREMATORY Arboretum	
24D. LOCATION (City, town, or county) (State) Arboretum, Ind		24E. FUNERAL DIRECTOR Wes. H. Kelson		24F. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. PRESIDENT	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8077
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LEONA SUNKETT

2. DATE
OF
DEATH

9-5-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

President Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

1545 N. Gilmore St

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

7

6. COLOR OR RACE

e

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

May 4, 1900

9. AGE (In years
last birthday)

53

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

md

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mary Davis 1545 N. Gilmore St

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive Cardio-vascular Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) _____
DUE TO _____
(C) _____II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon, and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

J. P. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
9-6-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

9-9-53

24C. NAME OF CEMETERY OR CREMATORY

Hyattstown md

24D. LOCATION (City, town, or county)

md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

George B. Nelson

NOV 10 1907

CERTIFICATE OF DEATH
ISSUED BY THE HEALTH OFFICER

NOV 10 1907

Blank certificate form with faint horizontal lines and a large circular seal in the center.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 8078BIRTH NO. 53 8078

1. NAME OF DECEASED (Type or Print) BURGESS QUICKLEY			2. DATE OF DEATH 9-5-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Josephs Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Lifetime			D. STREET ADDRESS (If rural, give location) 323 E. 22 Street		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 1, 1868	9. AGE (In years last birthday) 85	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Towson, Maryland		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Joseph Quickley			14. MOTHER'S MAIDEN NAME Mary Cromwell		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Margaret Cromwell 323 E. 22 ST.		

18. E 902.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) CRANIOCEPHEAL INJURY DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 6 hrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home - Yard	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Fell from window at 323 E 22nd		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 9 4 53 8 PM	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Fell from 3rd floor window		
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE R. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 9-5-53

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Sept. 8, 1953	24C. NAME OF CEMETERY OR CREMATORY Pleasant Rest	24D. LOCATION (City, town, or county) (State) Towson, Md.
DATE RECEIVED BY LOCAL REGISTRAR SEP 8-1953	REGISTRAR'S SIGNATURE Joseph L. Russ	25. FUNERAL DIRECTOR ADDRESS 2222 W. North Ave.	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8079
Registered No. 53 8079NAME OF DECEASED
(Type or Print)

Estella Saunders

2. DATE
OF DEATH Sept. 5, 1953PLACE OF DEATH:
Baltimore City, MarylandFULL NAME OF (If not in hospital or institution, give street address or location)
OSPITAL OR INSTITUTION

822 N. Carrollton Ave.

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 1601

D. STREET ADDRESS (If rural, give location)

822 N. Carrollton Ave.

SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE. MARRIED.

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Oct. 15, 1875

9. AGE (In years last birthday)

77

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

10. A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Henry Kinner

14. MOTHER'S MAIDEN NAME

Margaret Lewin

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Emma Hayes 822 N. Carrollton

1B. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) HYPERTENSIVE CARDIOVASCULAR DISEASE.

DUE TO

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN, 1952, to SEPT. 5, 1953, that I last saw the deceased alive on SEPT. 5, 1953, and that death occurred at 12:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 8 - 1953

VS 150

0308

82

RECEIVED
CENTRAL BANK OF INDIA

0308

16

1952

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1952

N-256

53 8080

RTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8080

NAME OF DECEASED
(Type or Print)Sister M. ^{Roberta} ~~Roberta~~ ^{WAGNER} ~~WAGNER~~ R.S.M.2. DATE
OF
DEATH

9/5/53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

Mercy Hospital Inc.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

District of Columbia

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Washington

D. STREET ADDRESS (If rural, give location)

Trinity Convent

Length of stay in Baltimore

2

Yrs.
Mos.
Days

SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

5/1/92

9. AGE (In years
last birthday)

61

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

Nun

10b. KIND OF BUSINESS OR
INDUSTRY

Religious

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

FATHER'S NAME

Charles Wagner

14. MOTHER'S MAIDEN NAME

Anna Concannon

WAS DECEASED EVER IN U.S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

SR. M. THOMAS. MERCY HOSPITAL

18. 170X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Primary Carcinoma of Left Breast

3 yrs +

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Generalized Metastases

Months

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

1950

19b. MAJOR FINDINGS OF OPERATION

Carcinoma of Left Breast with Metastases

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 7/10, 1953, to 9/5, 1953, that I last saw the
deceased alive on 9/4, 1953, and that death occurred at 1:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE

Thomas L. Jones, M.D.

23b. ADDRESS

Mercy Hospital Inc.

23c. DATE SIGNED

9/5/53

A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

9/7/53

24c. NAME OF CEMETERY OR CREMATORY

Mt St Agnes Convent Cemetery

24d. LOCATION (City, town, or county)

Mt. Wash. Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Thurston, 9530

W. H. Meadows (850) Calvert St

R-626

53 8081

53 8081

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

KIRCHER JOHN A.

2. DATE
OF
DEATH

Sept. 7, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived/If institution: residence before admission)
A. STATE Md.
B. COUNTY5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION South Baltimore General Hosp6. Length of stay in Baltimore Life
Yrs. Mos. Days7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
MARRIED8. DATE OF BIRTH July 6, 1870
9. AGE (In years last birthday) 85
10. KIND OF BUSINESS OR INDUSTRY Same
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

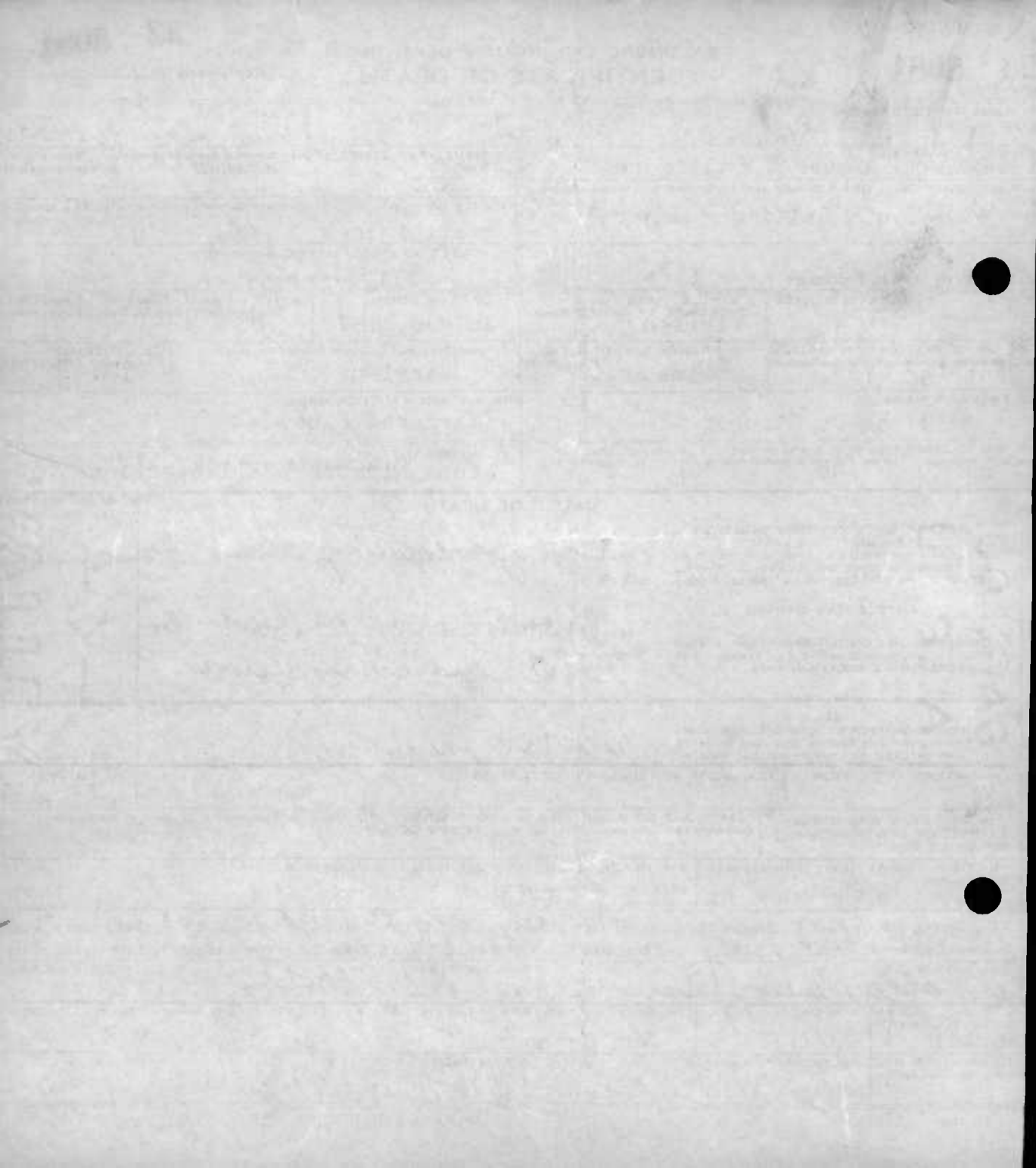
13. FATHER'S NAME William S. Kircher

14. MOTHER'S MAIDEN NAME Margaret Fahey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)
no no
16. SOCIAL SECURITY NO.17. INFORMANT Anna Kircher
ADDRESS 2111 Garrison Ave.18. 443X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.(A) Encephalopathy
DUE TO
(B) Hypertensive cardiac milder dis.
DUE TO
(C) Generalized arteriosclerosisII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Bilateral pneumonia.19A. DATE OF OPERATION 0
19B. MAJOR FINDINGS OF OPERATION20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 27, 1953, to Sept. 7, 1953, that I last saw the deceased alive on Sept. 7, 1953, and that death occurred at 5 P. M., from the causes and on the date stated above.

23. SIGNATURE Ronald R. [Signature] M. D.
23B. ADDRESS 1203 Light St
23C. DATE SIGNED24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial
24B. DATE 9/11/53
24C. NAME OF CEMETERY OR CREMATORY New Cathedral
24D. LOCATION (City, town, or county) (State) Baltimore, Md.25. FUNERAL DIRECTOR
ADDRESS 4600 Liberty Hghts. Ave.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8082
Registered No.53 8082
BIRTH NO.

1. NAME OF DECEASED (Type or Print) OSCAR GARDNER A.		2. DATE OF DEATH 9/6/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION UNIVERSITY HOSP.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 30 Yrs.		D. STREET ADDRESS (If rural, give location) 531 North Gilmore Street	
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug-30-96
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Mathieson Chemicals	9. AGE (In years last birthday) 57
11. BIRTHPLACE (State or foreign country) Gastonia N.C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Mathew Gardner		ADDRESS 531 N. Gilmore St	
18. 023X			
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) LUETIC HEART DISEASE			
DUE TO (A)			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE J. H. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/> M.D.	
23C. DATE SIGNED 9-7-53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9/10/1953	
24C. NAME OF CEMETERY OR CREMATORY Arbutus Mem. Park		24D. LOCATION (City, town, or county) (State) Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR SEP 8 1953		REGISTRAR'S SIGNATURE Elroy O. Wilson	
25. FUNERAL DIRECTOR Elroy O. Wilson		ADDRESS 1000 Bayview	

1/10/44

OFFICE OF THE ADJUTANT GENERAL

WASHINGTON, D. C.

1/10/44

WASHINGTON, D. C.

1/10/44

WASHINGTON, D. C.

1/10/44

WASHINGTON, D. C.

1/10/44

WASHINGTON, D. C.

1/10/44

WASHINGTON, D. C.

1/10/44

WASHINGTON, D. C.

1/10/44

WASHINGTON, D. C.

1/10/44

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1/10/44

1/10/44

1/10/44

1/10/44

1/10/44

1/10/44

1/10/44

Dr. Jones J-525

53 8083

53 8083

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

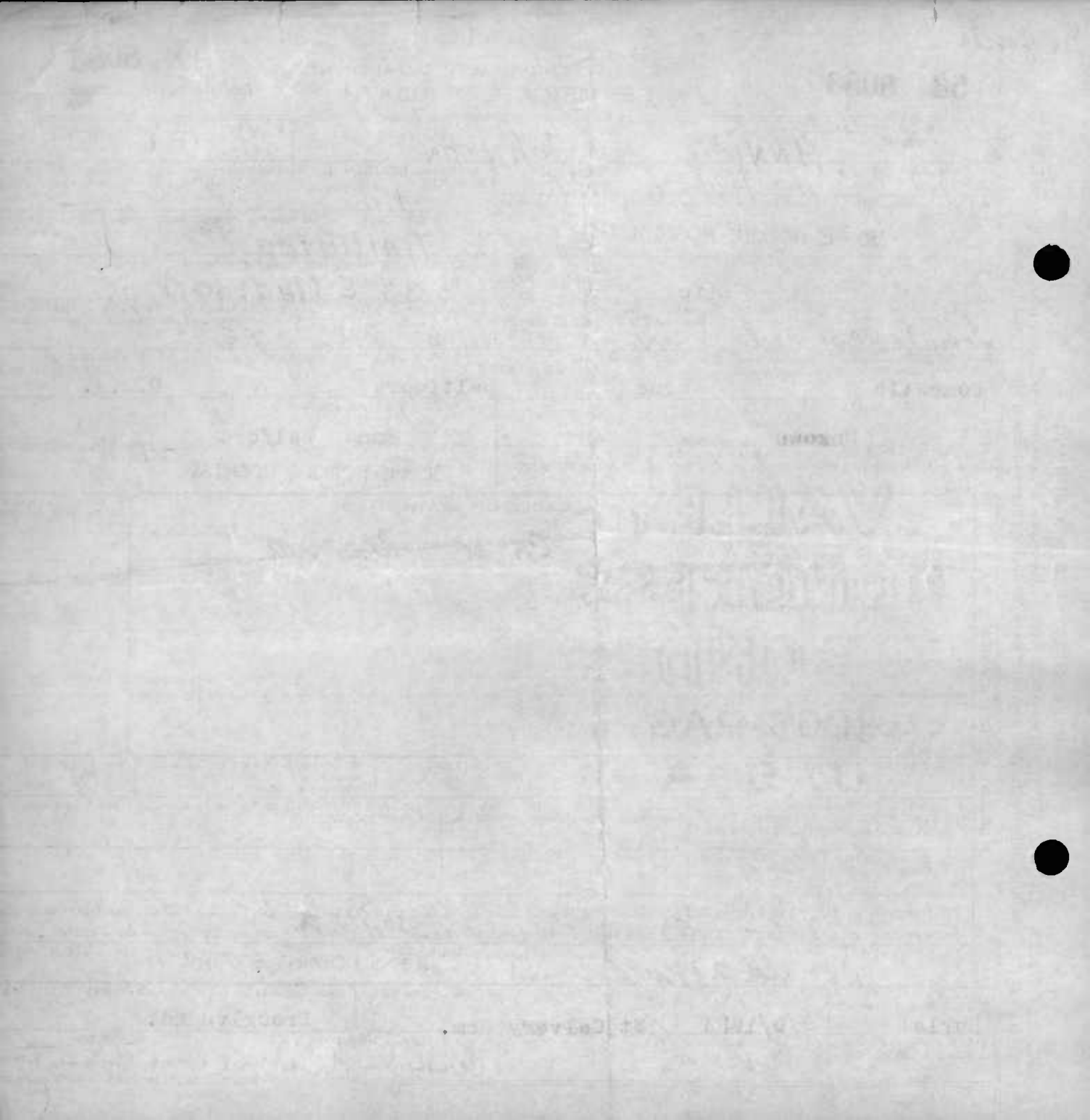
Registered No. _____

BIRTH NO.			1. NAME OF DECEASED (Type or Print) ANNIE JOHNSON			2. DATE OF DEATH SEP 6 - 1953									
3. PLACE OF DEATH: A. Baltimore City, Maryland Hal. 4 R.R.			4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Md. B. COUNTY 7-0-5												
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore												
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1533 E. MADISON ST.												
5. SEX Female		6. COLOR OR RACE colored		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W.		8. DATE OF BIRTH 11-8-80		9. AGE (In years last birthday) 72		If Under 1 Year Months Days		If Under 24 Hours Hours Min.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic				10B. KIND OF BUSINESS OR INDUSTRY Home				11. BIRTHPLACE (State or foreign country) Baltimore				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Unknown						14. MOTHER'S MAIDEN NAME Emma Wolford									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT JOHNS HOPKINS HOSPITAL				ADDRESS							
18. 154X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CA OF RECTUM DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.												INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED			IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>						
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?									
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?									
22. I hereby certify that I attended the deceased from 8-28-1953 to 9-6-1953 that I last saw the deceased alive on 9-6-1953 , and that death occurred at 1230 A.M. , from the causes and on the date stated above															
23A. SIGNATURE Donald J. Mulder						23B. ADDRESS JOHNS HOPKINS HOSPITAL			23C. DATE SIGNED						
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE 9/9/1953			24C. NAME OF CEMETERY OR CREMATORY Mt Calvery Cem.			24D. LOCATION (City, town, or county) (State) Brooklyn Md.						
DATE RECEIVED BY LOCAL REGISTRAR			REGISTRAR'S SIGNATURE			25. FUNERAL DIRECTOR Ordys W. Wilkins			ADDRESS 1000 Bunting						

7208A

MARGIN RESERVED FOR BINDING

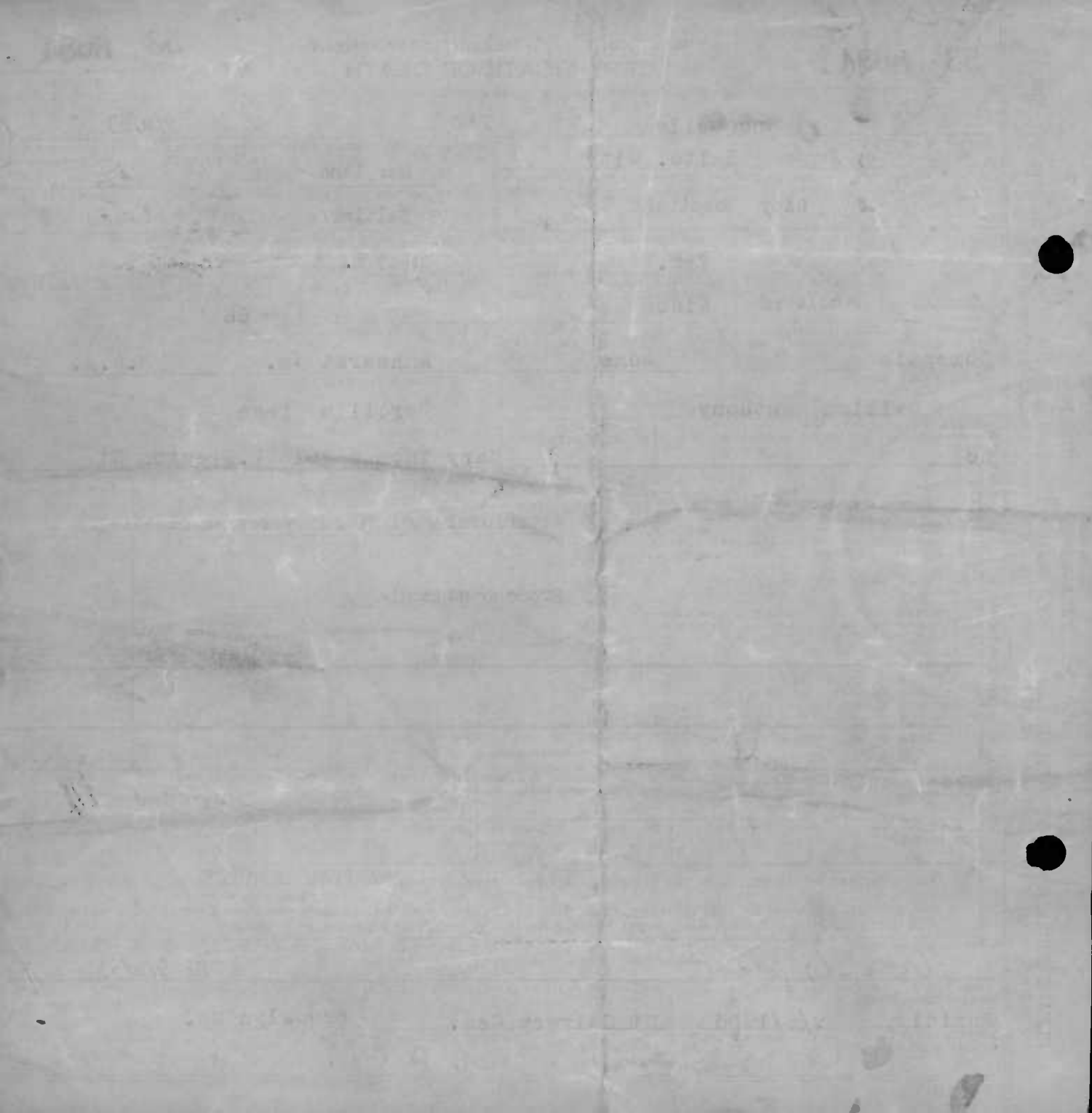
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8084

T-656		53 8084		BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Annabelle			TURNER		2. DATE OF DEATH 9/4/53
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 8 Yrs.			D. STREET ADDRESS (If rural, give location) 1513 E. Preston Street		
5. SEX female	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH		9. AGE (In years last birthday) 68
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Amhearst Va.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Anthony			14. MOTHER'S MAIDEN NAME Percilla Page		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mary Thomas 1513 E. Preston St		
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease DUE TO (A)			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Bronchopneumonia DUE TO (B)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT II					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an PARTIAL AUTOPSY thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William Thomas</i>		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED 9/4/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 9/8/1953	24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.		24D. LOCATION (City, town, or county) (State) Brooklyn Md.	
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <i>Edw. G. Wilson</i>	25. FUNERAL DIRECTOR <i>Edw. G. Wilson</i>		ADDRESS <i>1000 13th St</i>	



CERTIFICATE AMENDED 9/10/53 ES
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53, 8085
Registered No.

53 8085
BIRTH NO.

1. NAME OF DECEASED (Type or Print) JAMES W. WISE JR.			2. DATE OF DEATH 9-5-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) D.O.A. South Balto. General Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 25-32		
c. Length of stay in Baltimore 24 Yrs.			D. STREET ADDRESS (If rural, give location) 2713 Clifton Court (CLAFIN-CT)		
5. SEX Male	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 10 1921		9. AGE (in years last birthday) 32
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur		10B. KIND OF BUSINESS OR INDUSTRY Plumbing	11. BIRTHPLACE (State or foreign country) Anancock Va.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James William Wise			14. MOTHER'S MAIDEN NAME Susie Chandler		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes War # 2		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Susie Wise 621 N. Calhoun St		

18. E 816.0 and 322.0 CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) CRANIO CEREBRAL INJURY		
DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Acute alcoholism		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) STREET	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Cherry Hill Rd near WATERVIEW 25132		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 9 5 53 2P	21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? DRIVER TRUCK-COLLISION WITH TRUCK		
22. I certify that I took charge of the remains described above, held an INSPECTION thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE RBF isher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 9.6-53

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 9/9/1953	24C. NAME OF CEMETERY OR CREMATORY Baltimore Nat. Cem.	24D. LOCATION (City, town, or county) (State) Baltimore Md.
DATE RECEIVED BY LOCAL REGISTRAR SEP 8-1953	REGISTRAR'S SIGNATURE Elroy W. Wilson	25. FUNERAL DIRECTOR'S ADDRESS Elroy W. Wilson 1000 Bunting	

VS 151

N 856.2

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one

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

See - 7390

See letter from Dr. Russell S. Fisher, Chief Med. Exam.
in Document file

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 8086
Registered No.

H. 620
53 8086
BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILLIAM HARRIS			2. DATE OF DEATH September 2, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-03		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2401 Francis Street		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 18, 1878	9. AGE (In years last birthday) 70	10. Under 1 Year Months: Days 16
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Paper Hanger			11. BIRTHPLACE (State & foreign country) Richmond Va		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? Va		
13. FATHER'S NAME Lawrence Harris			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) World War I			16. SOCIAL SECURITY NO. 213-34-7829		
17. INFORMANT Miss Pauline Harris			ADDRESS 1352 W. North Ave		
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease (A) DUE TO					INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William J. North		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Sept. 2, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Sept 8-1953	24C. NAME OF CEMETERY OR CREMATORY 2nd Auburn Cmtg	24D. LOCATION (City, town, or county) (State) Westport 2nd		
DATE RECEIVED BY LOCAL REGISTRAR SEP 8-1953	REGISTRAR'S SIGNATURE George T. A. Gibson	25. FUNERAL DIRECTOR George T. A. Gibson		ADDRESS 1735 N. Mt. Vernon St	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 8087BIRTH NO. 53 80871. NAME OF DECEASED
(Type or Print)Georgie E. Jackson2. DATE
OF
DEATHSept. 5, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION1620 W. North Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore Maryland

D. STREET ADDRESS (If rural, give location)

1620 W. North Ave.

c. Length of stay in Baltimore

20 YearsYrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Married

8. DATE OF BIRTH

March 11, 19029. AGE (In years
last birthday)5110 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Manger-Caeteria10B. KIND OF BUSINESS OR
INDUSTRYPublic School

11. BIRTHPLACE (State or foreign country)

Phila. Pa.12. CITIZEN OF
WHAT COUNTRY?U.S.A.

13. FATHER'S NAME

Hyland Lewis

14. MOTHER'S MAIDEN NAME

Mary Gaskins15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Rev. Benj. F. Jackson-1620 W. North Ave18. 196x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Metastatic Carcinoma Spine
DUE TO3 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

April 195319B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDPressure on Spine/Carb. BonyIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1950, to Sept 5, 1953, that I last saw the
deceased alive on Sept 4, 1953, and that death occurred at 12:45 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Benjamin F. Jackson

M. D.

23B. ADDRESS

1202 N Caroline St

23C. DATE SIGNED

9/8/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial

24B. DATE

9/8/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cemetery

24D. LOCATION (City, town, or county)

Baltimore Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Holland Funeral Home1631 Druid Hill Ave.

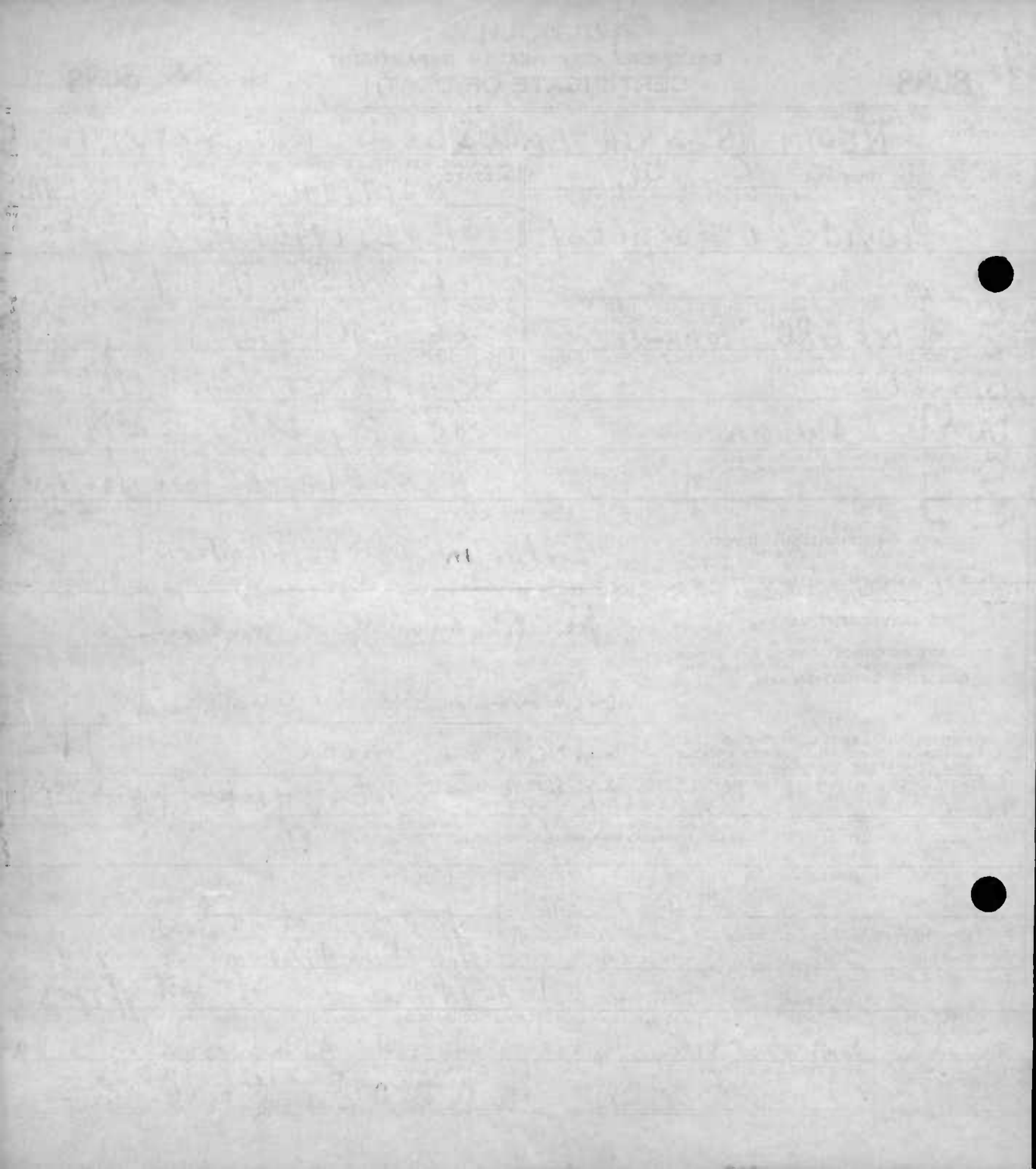
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N-550
8088HEUMAN
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 8088

1. NAME OF DECEASED (Type or Print) NEWMANNANNIE LAWSON			2. DATE OF DEATH Sept. 7, 1953		
3. PLACE OF DEATH: a. Baltimore City, Maryland Hospital			4. USUAL RESIDENCE (Where deceased lived, if institution: residence) a. STATE BALTIMORE b. COUNTY MARYLAND		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Provident Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 15-03		
6. Length of stay in Baltimore			d. STREET ADDRESS (If rural, give location) 1610 N. Smallwood St.		
5. SEX F	6. COLOR OR RACE NEGRO	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH April 6, 1906		9. AGE (In years last birthday) 47 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) HALIFAX CT - VA.		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME JAMAS LAWSON			14. MOTHER'S MAIDEN NAME MARRY WARREN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (es, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT HERSELF ADDRESS before death		

18. 570.5		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Intestinal Obstruction			
ANTECEDENT CAUSES		(B) Twisting of a loop of jejunum			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) Adhesion to the jejunum operation			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		surgical shock			
19A. DATE OF OPERATION 9/5/53		19B. MAJOR FINDINGS OF OPERATION Adhesion causing twisting of loop of jejunum		20. AUTOPSY Yes	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept. 4, 1953 to Sept. 5, 1953 , that I last saw the deceased alive on Sept. 5, 1953 , and that death occurred at 9/7/53 from the causes and on the date stated above.					
23A. SIGNATURE Charles B. Leggett		23B. ADDRESS 1514 Duining St. Balt. 9/7/53		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sept 9, 1953		24C. NAME OF CEMETERY OR CREMATORY Family Mt. Halifax Co. Va.	
24D. LOCATION (City, town, or county) (State) Adrian, Halifax Co. Va.		25. FUNERAL DIRECTOR Holland Funeral Home		ADDRESS 1681 David Hill Ave	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 8089**

M-200

53 8089
BIRTH NO.

1. NAME OF DECEASED (Type or Print) HUGO MUSE			2. DATE OF DEATH 9-7-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION PROVIDENT HOSP.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 14-0		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 1621 Argyle Ave.		
5. SEX C	6. COLOR OR RACE M	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH March 11, 1926 AGE (In years, last birthday) 27 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur		10B. KIND OF BUSINESS OR INDUSTRY Pickle Factory	11. BIRTHPLACE (State or foreign country) Baltimore Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Larry muse			14. MOTHER'S MAIDEN NAME I da mae Fisher		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES SEPT-21-50 - Oct-17-50		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Pauline Wilson-1109 Laurens St.		

18. **581.1**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

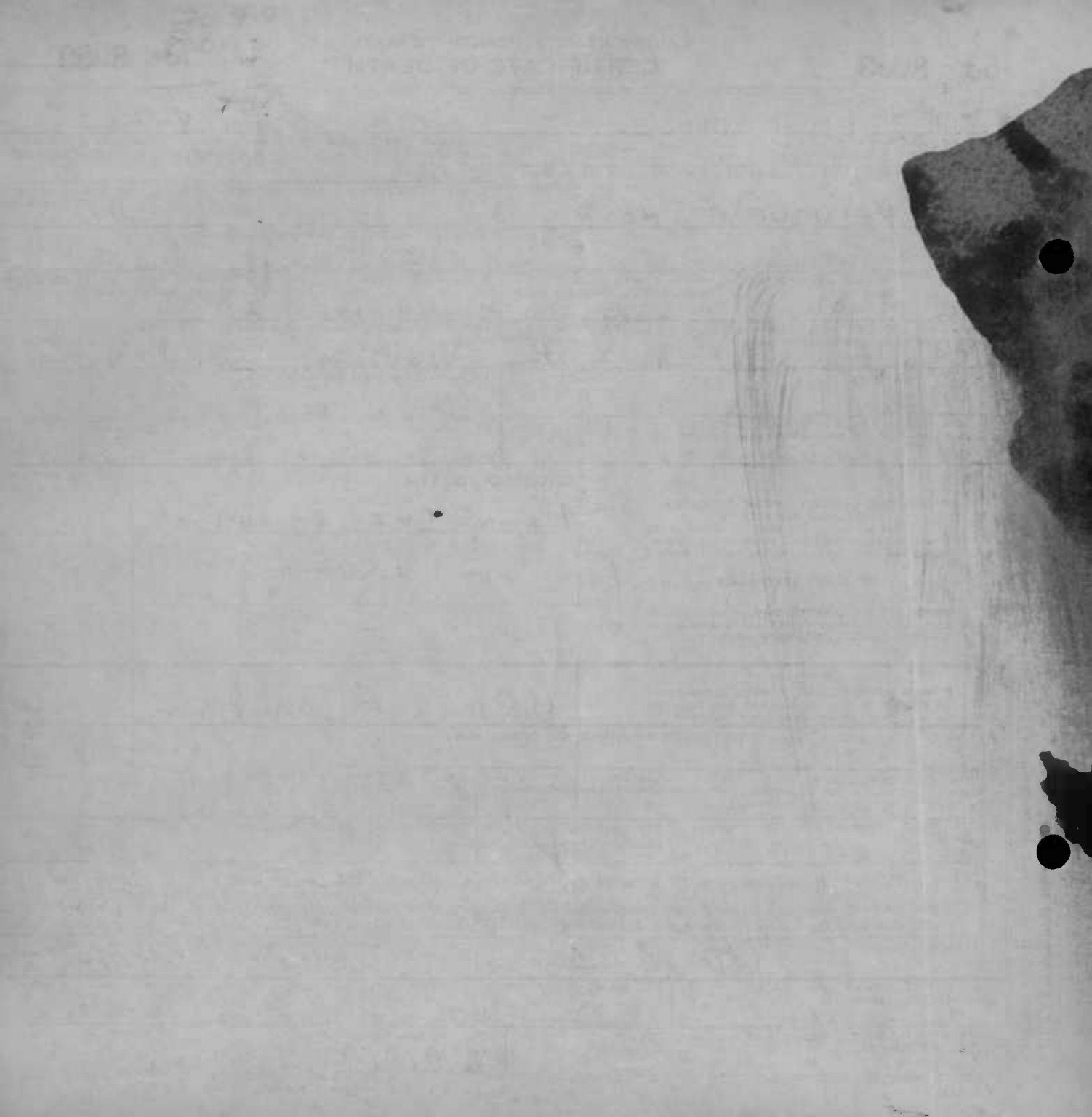
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CHROMIC Alcoholism

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE J. J. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 9-7-53	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 9/11/53	24C. NAME OF CEMETERY OR CREMATORY Baltimore National	24D. LOCATION (City, town, or county) (State) Baltimore Maryland
DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR Ballard Funeral Home	ADDRESS 68342 1631 Druid Hill Ave.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARGARET CATHERINE BRIGERMAN

2. DATE
OF
DEATH

9-5-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or
location)HOSPITAL OR
INSTITUTION

City Morgue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

26-01

D. STREET ADDRESS (If rural, give location)

4408 White Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Nov. 8, 1909

9. AGE (in years
last birthday)

43

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Clarence Williamson

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. E975X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DROWNING

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Harbor

21C. WHERE DID (If in Baltimore City, give exact location)

Body recovered at Foot of Potomac

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

9 2 53 PM

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Apparently jumped overboard from Boat

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

J. J. Fisher M.D.

23b. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐23c. DATE SIGNED
9-5-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

9/8/53

24C. NAME OF CEMETERY OR CREMATORY

Green Hill Cem

24d. LOCATION (City, town, or county) (State)

Baltimore

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

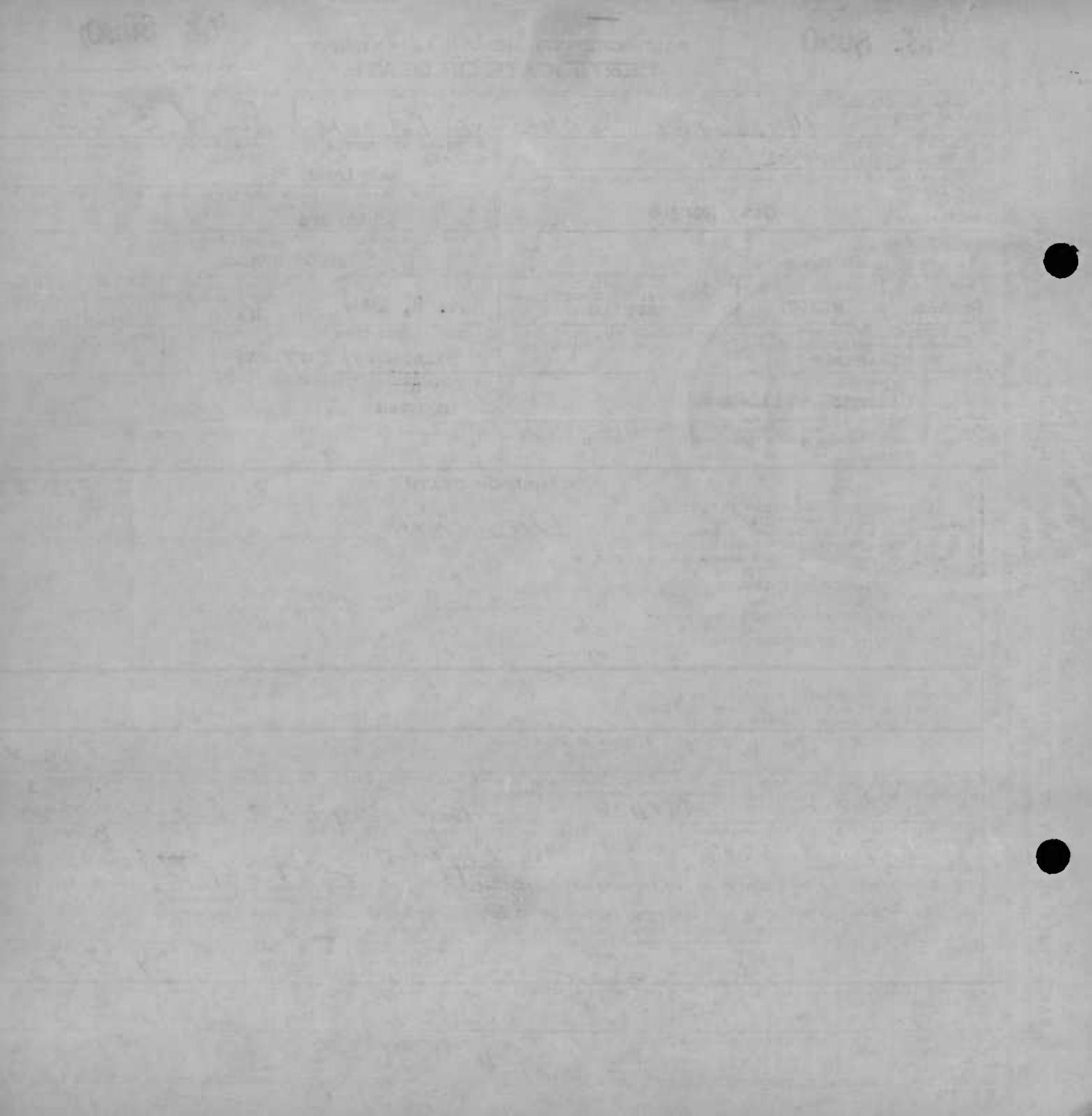
25. FUNERAL DIRECTOR

ADDRESS

VS 151

N990X

7401 Blaine Rd



7-256
53 8091

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8091
Registered No.

1. NAME OF DECEASED (Type or Print) ANNIE ROESINGER		2. DATE OF DEATH Sept 6, 1953	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE MD B. COUNTY BALTO	
5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) EDGEWOOD NURSING HOME		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO	
7. Length of stay in Baltimore life		8. STREET ADDRESS (If rural, give location) 1721 N. Wolfe St	
9. SEX F	10. COLOR OR RACE W	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	12. DATE OF BIRTH DEC. 19, 1858
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		14. AGE (In years last birthday) 94	
15. FATHER'S NAME ANDREW ROESINGER		16. CITIZEN OF WHAT COUNTRY? USA	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) NO		18. SOCIAL SECURITY NO. NINE	
19. INFORMANT EMMA T ROESINGER		20. ADDRESS 1721 N. Wolfe St	
21. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage		22. INTERVAL BETWEEN ONSET AND DEATH 3 days	
23. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arterio Sclerosis		24. DUE TO 5 yrs	
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
26. DATE OF OPERATION 0		27. MAJOR FINDINGS OF OPERATION	
28. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		29. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
30. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		31. HOW DID INJURY OCCUR?	
32. TIME (Month) (Day) (Year) (Hour) OF INJURY		33. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
34. I hereby certify that I attended the deceased from Sept 1, 1953 to Sept 6, 1953 that I last saw the deceased alive on Sept 5, 1953 , and that death occurred at 5 A m., from the causes and on the date stated above.			
35. SIGNATURE E. Gull Hall M.D.		36. ADDRESS 1631 E North Ave	
37. DATE SIGNED Sept-8-53		38. DATE	
39. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem		40. LOCATION (City, town, or county) (State) BALTO, MD.	
41. DATE RECEIVED BY LOCAL REGISTRAR SEP 8 - 1953		42. REGISTRAR'S SIGNATURE Huntington W. H. 5. 310	
43. FUNERAL DIRECTOR CHARLES F. EVANS & Son		44. ADDRESS 118 W. Mt. Royal Ave.	

Dr Hall
1631 E. North Ave.

MAF-173961

6-152

Certificate amended 9/22/53 ES
BALTIMORE CITY HEALTH DEPARTMENT

53 8092

Registered No.

BIRTH NO.

53 8092

1. NAME OF DECEASED
(Type or Print)

Joseph Evans

2. DATE
OF
DEATH

Aug. 30, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals
4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

700 W. Baltimore St.

c. Length of stay in Baltimore

?

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Wh

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

?

9. AGE (In years
last birthday)

57

If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

?

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

B.C. H. 4940 Eastern Ave. (records)

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Dehydration - Malnutrition

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cerebral hemorrhage from unknown

DUE TO vessel, due to arteriosclerosis

(C) (clinical impression)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-29, 1953, to 8-30, 1953 that I last saw the deceased alive on 8-30, 1953, and that death occurred at 1:05A m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph Evans

M. O.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

8-30-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

9/8/53

24C. NAME OF CEMETERY OR CREMATORY

Linden Park

24D. LOCATION (City, town, or county) (State)

Baltimore Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Henry B. Dwyer 4940 Eastern Ave

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

See query reply in Document file.

1011111111 - 1011111111

1011111111

53 80934-563

53 8093

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Leonard, Anna Barbara

2. DATE
OF
DEATH

Sept. 6, 1953.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

St. Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2541 Christian Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

4.21.1868

9. AGE (In years
last birthday)

85

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

HOME

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S. A.

13. FATHER'S NAME

Peter Baurenschmidt

14. MOTHER'S MAIDEN NAME

Mary Margaret

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Everett Choney - 201 Newburg Ave

18. E 902.7

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

(A) Bilateral bronchopneumonia

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Fractured hip

CERTIFICATION APPROVED BY

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.cloudy swelling of kidneys
+ cystitis

CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 20, 1953, to Sept 6, 1953, that I last saw the
deceased alive on Sept 6, 1953, and that death occurred at 9:50 A.M., from the causes and on the date stated above.

23A. SIGNATURE

James E. Rowe Jr. M.D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

9/6/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

9-9-53

24C. NAME OF CEMETERY OR CREMATORY

Bathedral Cem.

24D. LOCATION (City, town, or county)

Balt.

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 8-1953

Huntington 5/11/53

George A. Farley Catonsville Md.

VS 150

N 820.0

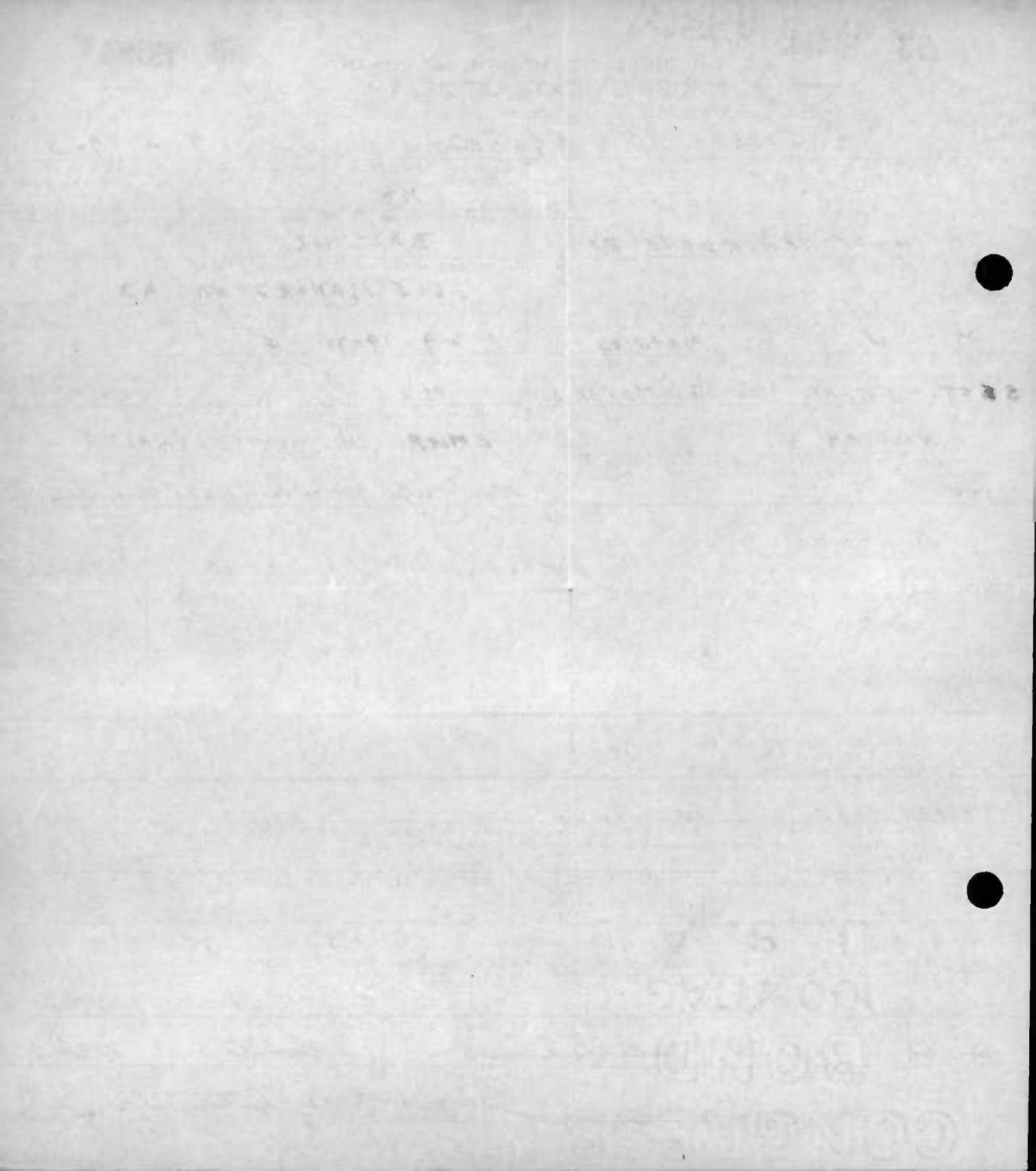
MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The
correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Maiden Grove Lane near Paradise Ave

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 8094
Registered No. _____

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
JOSEPH V. KENNEDY		9-5-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) 4605 MANORDENE RD.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 28-04	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 4605 MANORDENE RD.	
7. SEX M	8. COLOR OR RACE W	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	10. DATE OF BIRTH 1-29-1902
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SECT. - TREAS.		12. KIND OF BUSINESS OR INDUSTRY BLDG. MATERIALS	
13. FATHER'S NAME WILLIAM J.		14. MOTHER'S MAIDEN NAME EMMA M. DETTENTHALER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Joseph Kennedy - 4605 Manordene Rd.		ADDRESS	
18. 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) MALNUTRITION OF COLOM DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 5 MONTHS	
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. None			
19A. DATE OF OPERATION 6 MONTHS 1790		19B. MAJOR FINDINGS OF OPERATION AS ABOVE	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from JAN, 1953, to 9/5, 1953, that I last saw the deceased alive on 9/5, 1953, and that death occurred at 10 P.M., from the causes and on the date stated above.			
23A. SIGNATURE James S. Hamblan		23B. ADDRESS 1945 W. Balto St.	
23C. DATE SIGNED 9/7/53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9-8-53	
24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer		24D. LOCATION (City, town, or county) (State) Balto. Md.	
25. FUNERAL DIRECTOR Serge A. Farley		ADDRESS Catonsville, Md.	



K-6285-1
53 8085BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8095

Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) William P. Krauss			2. DATE OF DEATH Sept. 6, 1953		
3. PLACE OF DEATH: 12 N. Pulaski Street A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			5. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION -			D. STREET ADDRESS (If rural, give location) 12 N. Pulaski Street			6. DATE OF BIRTH March 13, 1871		
c. Length of stay in Baltimore Life			7. AGE (In years, last birthday) 82			8. CITIZEN OF WHAT COUNTRY? U.S.A.		
9. SEX Male			10. COLOR OR RACE White			11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman			10B. KIND OF BUSINESS OR INDUSTRY plumbing			12. BIRTHPLACE (State or foreign country) Baltimore, Md.		
13. FATHER'S NAME Louis L. Krauss			14. MOTHER'S MAIDEN NAME Unknown			15. INFORMANT Mrs. B. Flynn		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO.			17. ADDRESS 12 N. Pulaski St., Baltimore, Md.		
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cornary occlusion acute Sudden			CAUSE OF DEATH Baltimore, Md.			INTERVAL BETWEEN ONSET AND DEATH 5 yrs.		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic Heart Disease			DUE TO Arteriosclerotic Heart Disease			DUE TO Arteriosclerotic Heart Disease		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			21. DATE OF OPERATION 0			22. CONDITION FOR WHICH OPERATION WAS PERFORMED		
23. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			24. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			25. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		
26. TIME (Month) (Day) (Year) (Hour) OF INJURY			27. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			28. HOW DID INJURY OCCUR?		
29. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:20 P. M. , from the causes and on the date stated above.			30. SIGNATURE Les J. Yare			31. ADDRESS 11 Mallon Hill Ave		
32. DATE 9-9-53			33. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery			34. LOCATION (City, town, or county) (State) Baltimore, Maryland		
35. DATE RECEIVED BY LOCAL REGISTRAR			36. REGISTRAR'S SIGNATURE William P. Krauss, M.D.			37. FUNERAL DIRECTOR G. Russell Thomas		
38. ADDRESS 4204 Leeds Avenue, Baltimore, 29, Md.			39. ADDRESS Baltimore, 29, Md.			40. ADDRESS Baltimore, 29, Md.		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

SEP 15 1953



6-251

53 8096

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8096
Registered No.

IRTH NO.

NAME OF DECEASED
(Type or Print)

MARGARET EIKENBERG

2. DATE
OF
DEATH

9/8/53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

MERCY HOSPITAL, INC.

Yrs.
Mos.
Days

Length of stay in Baltimore

77

SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

3/29/76

9. AGE (In years
last birthday)

77

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10. A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

HOUSE WIFE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

CHRISTOPHER HECK

14. MOTHER'S MAIDEN NAME

BARBARA SMITH

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Henry Eikenberg SAME

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) CORONARY THROMBOSIS

3 DAYS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ARTERIOSCLEROSIS

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/5, 1953, to 9/8, 1953, that I last saw the
deceased alive on 9/8, 1953, and that death occurred at 5:25 am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

25A. RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25B. FUNERAL DIRECTOR

ADDRESS

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STATE OF DEATH

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H-643
53 8097BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8097
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mr. Charles Herold

2. DATE
OF DEATH Sept 7, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 27-07

D. STREET ADDRESS (If rural, give location)

2723 Inglewood Avenue

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

May 11, 1896

9. AGE (in years last birthday)

57

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Liquor Salesman

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Peter Herold

14. MOTHER'S MAIDEN NAME

Elizabeth Hurwitz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Adelaide Herold, 2723 Inglewood

18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

Instant

6 years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/5 1948, to 9/7 1953, that I last saw the deceased alive on 9/2, 1953, and that death occurred at 7 P m., from the causes and on the date stated above.

23A. SIGNATURE

John H. Hirschfeld

M. D.

23B. ADDRESS

6919 Harford Rd

23C. DATE SIGNED

9/8/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 10, 1953

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Leonard J. Ruck

ADDRESS

5305 Harford Road.

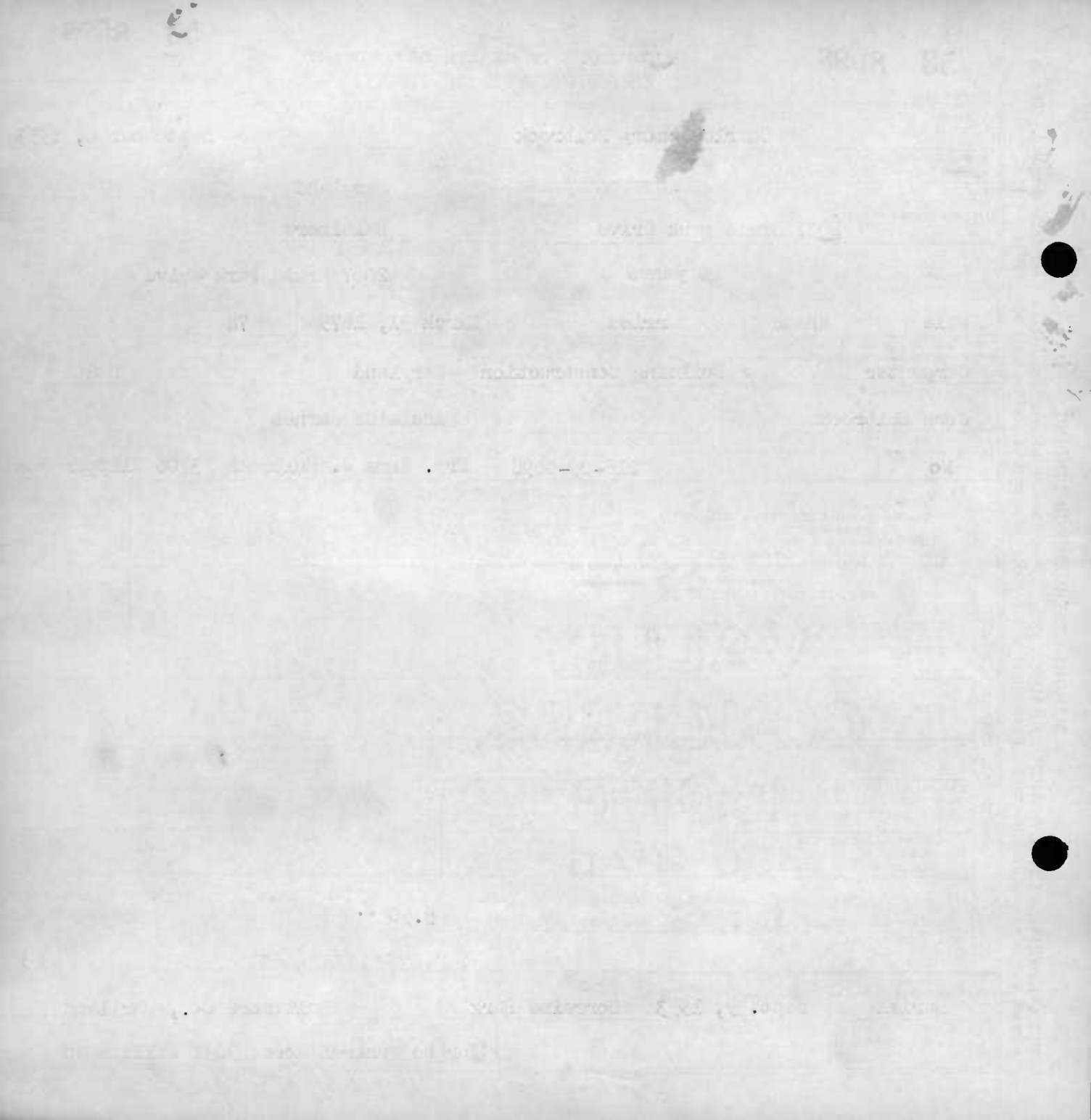
H-416
53 8098

53 8098

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Charles Emory Holbrook		September 6, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 2067 Druid Park Drive		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-02			
c. Length of stay in Baltimore 40 years		D. STREET ADDRESS (If rural, give location) 2067 Druid Park Drive			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 31, 1879	9. AGE (In years last birthday) 74	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10B. KIND OF BUSINESS OR INDUSTRY Building Construction		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? U S A		13. FATHER'S NAME John Holbrook		14. MOTHER'S MAIDEN NAME Adelaide Barnes	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 216-09-8098		17. INFORMANT ADDRESS Mrs. Emma J. Holbrook 3708 Clipper Road	
18. 442X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Arteriosclerosis - V.B. Dis. DUE TO (B) DUE TO (C)			
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 1953 to Sept 1953, that I last saw the deceased alive on Sept 5, 1953, and that death occurred at 5.50 p.m. from the causes and on the date stated above					
23A. SIGNATURE E. H. Glassman		23B. ADDRESS 4057 Falls Rd.		23C. DATE SIGNED 9/8/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sept. 9, 1953		24C. NAME OF CEMETERY OR CREMATORY Lorraine Park	
24D. LOCATION (City, town, or county) Baltimore Co., Maryland		24E. DATE RECEIVED BY LOCAL REGISTRAR		24F. REGISTRAR'S SIGNATURE	
24G. DATE RECEIVED BY LOCAL REGISTRAR		24H. REGISTRAR'S SIGNATURE		24I. FUNERAL DIRECTOR ADDRESS Burgee Funeral Home 3631 Falls Road	
24J. DATE RECEIVED BY LOCAL REGISTRAR		24K. REGISTRAR'S SIGNATURE		24L. FUNERAL DIRECTOR ADDRESS Norace F. Burgee	



53 8099

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8099
Registered No.

IRTH NO.

NAME OF DECEASED
(Type or Print)

Edward Timothy Edwards

2. DATE
OF
DEATH

Sept. 6, 1953

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

Provident Hospital

of stay in Baltimore

37 yrs

Yrs.
Mos.
Days

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

Seafood Store

FATHER'S NAME

Unknown

9. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.
212-09-2123

17. INFORMANT

ADDRESS

Madge C. Edwards, 525 Sanford Place

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) *Cornary Heart Disease*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from 1/6/53 to 9/6/53, 1953, that I last saw the
deceased alive on 9/5/53, 1953, and that death occurred at 4:03 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24. A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

9/9/53

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Memorial Park

24D. LOCATION (City, town, or county)

Balto. County, Md.

(State)

25. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Charles R. Law, 802 Madison Ave.

VS. 150

SEP 11 - 1953
4906A



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-420
FJ 1743053 8100

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8100
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Mills

2. DATE OF DEATH
9-8-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE
Baltimore City Hospitals
4940 Eastern Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 26-12

c. Length of stay in Baltimore

Unknown

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)
Homeless

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Unknown

8. DATE OF BIRTH

???

9. AGE (In years last birthday)

80 ?

If Under 1 Year Months: Days
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Unknown

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Deceased

14. MOTHER'S MAIDEN NAME

Deceased

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
B.C.H. 4940 Eastern Avenue (records)

18. 420.0 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerosis Heart Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-6-1953 to 9-8-1953, that I last saw the deceased alive on 9-8-1953, and that death occurred at 5:15A m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

9-8-1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

0013

0013



BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 8101BIRTH NO. 53 8101 *Don Res. Fort Meade.*1. NAME OF DECEASED
(Type or Print)LUCCETTESPENCER2. DATE
OF
DEATH9-6-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore City Md4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY16-01B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)INSTITUTION Provident Hosp.C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)1035. Brantley St Baltimore Md

D. STREET ADDRESS (If rural, give location)

1035. Brantley St Baltimore Md

c. Length of stay in Baltimore

7 wks Yrs. Mos. Days

5. SEX

F

6. COLOR OR RACE

C7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Single

8. DATE OF BIRTH

Aug 18, 19539. AGE (in years
last birthday)7 wks

10. Under 1 Year 11. Under 24 Hours

Months: Days Hours: Min.

49 -10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRYNONE

11. BIRTHPLACE (State or foreign country)

Maryland12. CITIZEN OF
WHAT COUNTRY?ME

13. FATHER'S NAME

Samuel Spencer

14. MOTHER'S MAIDEN NAME

Lucy Rogers 1035. Brantley St.15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)NoNo16. SOCIAL
SECURITY NO.NONE

17. INFORMANT

Samuel Spencer

ADDRESS

2438. N. St.

18.

492x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Interstitial pneumonitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. B. Fisher

23B. CHIEF MEDICAL EXAMINER

M.D. ASSISTANT MEDICAL EXAMINER

23C. DATE SIGNED

9-6-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial

24B. DATE

Sept 6, 1953

24C. NAME OF CEMETERY OR CREMATORY

Lincoln Memorial

24D. LOCATION (City, town, or county) (State)

Washington DCDATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Stanton H. ...

25. FUNERAL DIRECTOR

Chambers B. Boyd

ADDRESS

1238 Wood

5-530
53 8102BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8102
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James Smith

2. DATE
OF
DEATH

9.6.53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

St. Agnes Hospital

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

300 S. Smallwood Street

C. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

12-6-32

9. AGE (in years
last birthday)

20

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Welder

10B. KIND OF BUSINESS OR
INDUSTRY

STEEL

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George Smith

Deceased

14. MOTHER'S MAIDEN NAME

Martha Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

No

NONE

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

ADDRESS

Betty D. Smith 300 S. Smallwood St

18. 592x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Chronic glomerulonephritis with
superimposed acute exacerbation (7 days)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORKNOT WHILE
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 2, 1953, to Sept 6, 1953, that I last saw the
deceased alive on Sept 6, 1953, and that death occurred at 8:10 P. M., from the causes and on the date stated above.

23A. SIGNATURE

James E. Rowe Jr. M. D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

9/7/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

9-9-53

24C. NAME OF CEMETERY OR CREMATORY

WESTERN

24D. LOCATION (City, town, or county)

BALTIMORE, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

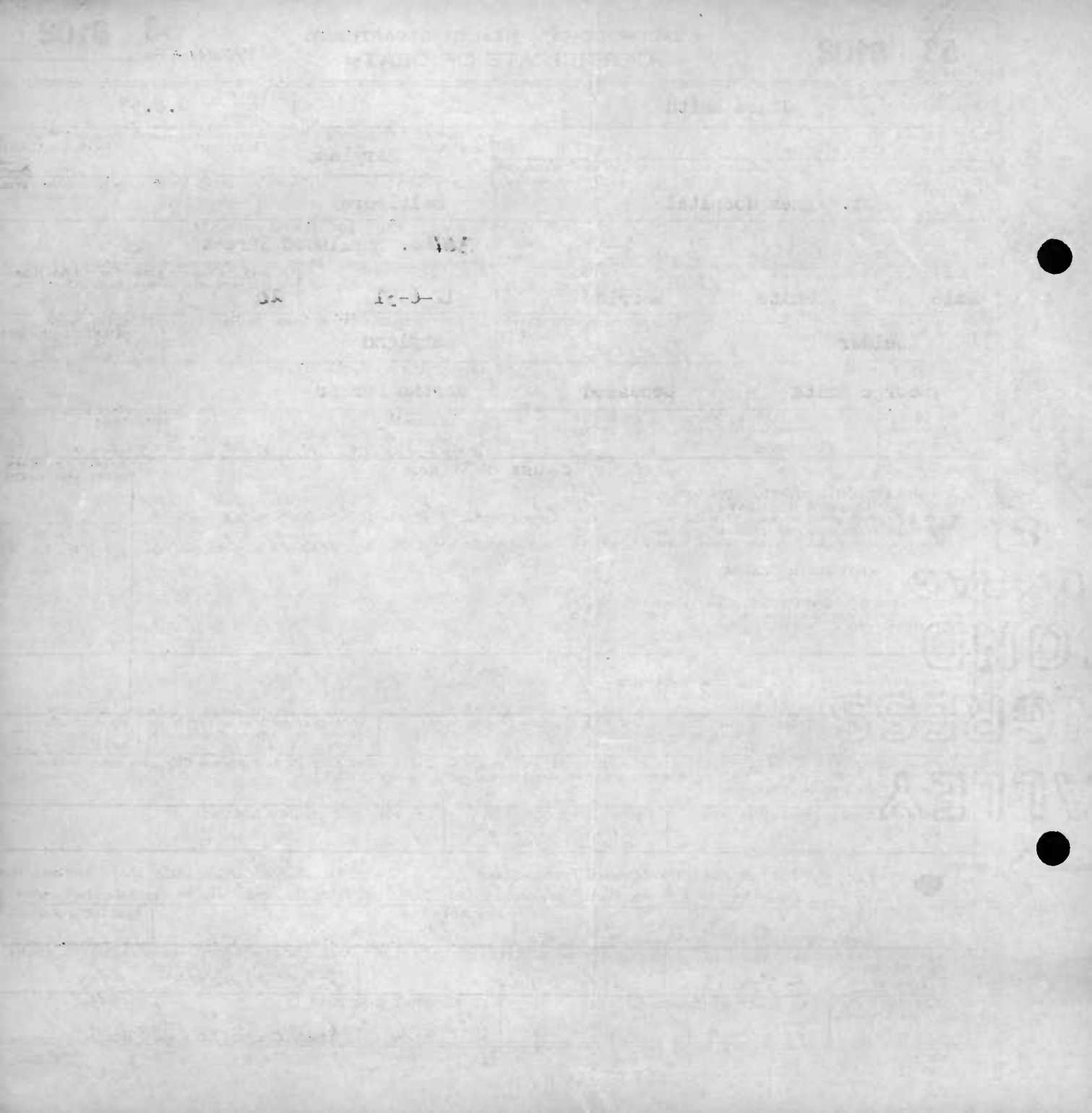
Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

GEO. L. Schwab 2101 Frederick

Ave.



-100

53 8103

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8103
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

2. PLACE OF DEATH:

Baltimore City, Maryland 6420 Reisterstown Rd.

3. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

The Seton Institute

4. Usual Residence (Where deceased lived, if institution: residence before admission)

1 yr - 7 mo. 28 da

5. SEX M 6. COLOR OR RACE white 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single

8. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Catholic Priest

9. FATHER'S NAME

unknown

10. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

unknown

11. SOCIAL SECURITY NO.

12. INFORMANT

The Seton Institute, Balto. 15, Md.

13. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

14. ANTECEDENT CAUSES

15. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

16. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

17. CAUSE OF DEATH

(A) Hypostatic pneumonia
General arteriosclerosis.
(B) Hypertension; myocardial degeneration
(C)

18. INTERVAL BETWEEN ONSET AND DEATH

4 days
10 years
8 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 1952 to Sept. 8, 1953, that I last saw the deceased alive on Sept. 8, 1953, and that death occurred at 2:45 pm., from the causes and on the date stated above.

23A. SIGNATURE

Walter J. Jaworeiss

M. D.

23B. ADDRESS

The Seton Institute, Baltimore

23C. DATE SIGNED

Sept. 8, 1953

24. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

Sept 10 1953

24C. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

24D. LOCATION (City, town, or county)

Cleveland - Ohio

(State)

25. RECEIVED BY CAL REGISTRAR

REGISTRAR'S SIGNATURE

26. FUNERAL DIRECTOR

ADDRESS

SEP 9 - 1953 Edward J. Mowbray Co. - 108 W. North Ave. Balto. - Md.

100

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

100

Name of Deceased		Sex		Age		Date of Birth		Place of Birth	
John Doe		Male		45		10/15/1910		New York, N.Y.	
Cause of Death		Manner of Death		Occupation		Education		Religion	
Heart Disease		Natural		Teacher		High School		Catholic	
Physician's Signature		Physician's Name		Physician's Address		Physician's Phone		Physician's License No.	
Dr. J. Smith		Dr. J. Smith		123 Main St.		123-4567		12345	
Date of Death		Time of Death		Place of Death		Cause of Death		Manner of Death	
10/20/1955		10:00 AM		Home		Heart Disease		Natural	
Burial Place		Burial Date		Burial Time		Burial Place		Burial Date	
Catholic Cemetery		10/25/1955		10:00 AM		Catholic Cemetery		10/25/1955	

1-460

53 8104

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8104

NAME OF DECEASED
(Type or Print)

Franklin Miller

2. DATE
OF
DEATH

9/8/53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

South Baltimore General

Yrs.
Mos.
Days

Length of stay in Baltimore

SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

Radio Technician

10b. KIND OF BUSINESS OR
INDUSTRY

Self

9. FATHER'S NAME

John Miller

11. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

212-07-2916

17. INFORMANT

ADDRESS

Mary C. Kelly - 652 Washington Blvd.

18. 581.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

(A) Rupture of Esophageal varices

- 3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Laennec's cirrhosis (Liver)

(C) Gastro-entero-intestinal bleeding

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Encephalopathy

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Sept. 1, 1953, to Sept. 8, 1953, that I last saw the
deceased alive on Sept. 8, 1953, and that death occurred at 2:35 p.m., from the causes and on the date stated above.

23. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

5526J

7-200
53 8105BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8105
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

PLACE OF DEATH:

Baltimore City, Maryland
FULL NAME OF (If not in hospital or institution, give street address or location)

INSTITUTION

Length of stay in Baltimore

SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.12. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)13. KIND OF BUSINESS OR
INDUSTRY

14. BIRTHPLACE (State or foreign country)

15. CITIZEN OF
WHAT COUNTRY?

16. FATHER'S NAME

17. MOTHER'S MAIDEN NAME

18. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)19. SOCIAL
SECURITY NO.

20. INFORMANT

ADDRESS

21. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Heart Disease

35 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from July 31, 1953 to Sept 5, 1953, that I last saw the
deceased alive on Sept 5, 1953, and that death occurred at 8:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

25. RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

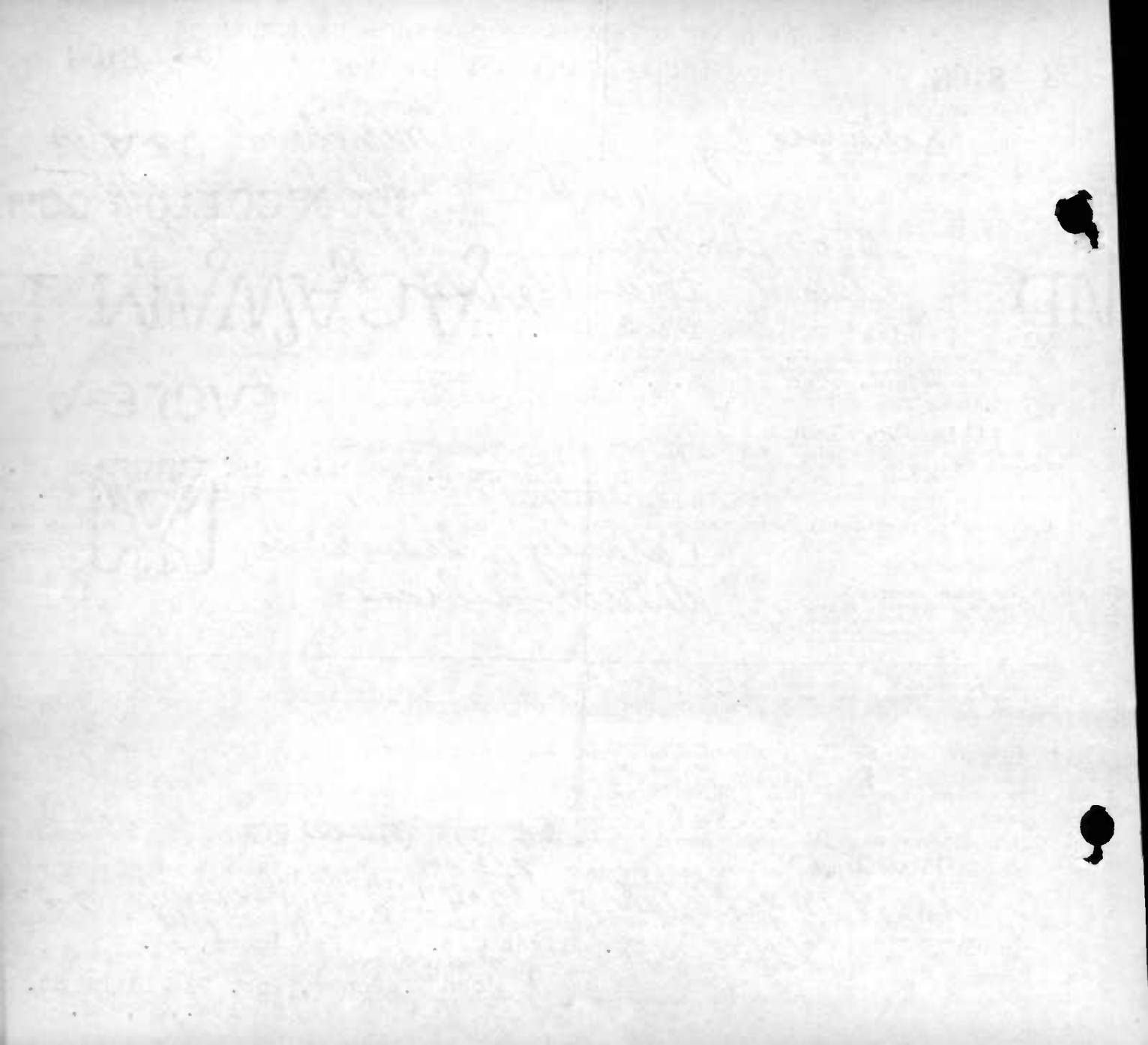
RECEIVED 9-10-53

VS 150

J13 3A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18										
53 8106 CERTIFICATE OF DEATH 53 8106 Reg. Dist. No.										
1. PLACE OF DEATH:					2. USUAL RESIDENCE (HOME) OF DECEASED:					
COUNTY <u>Baltimore City</u> MARYLAND					STATE <u>Maryland</u> COUNTY <u>A.A.</u>					
CITY (If outside corporate limits, write RURAL and give nearest town) <u>OR</u> TOWN <u>4 weeks</u>					CITY (If outside corporate limits, write RURAL and give nearest town) <u>OR</u> TOWN <u>Glen Burnie, Md</u>					
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>3743 Elm Ave</u>					STREET ADDRESS (If rural give location) <u>1008 Stane Rd. 5200</u>					
3. NAME OF DECEASED: (First) (Middle) (Last)					4. DATE OF DEATH: (Month) (Day) (Year)					
<u>Edward Louis Vogelman</u>					<u>9 6 1953</u>					
5. SEX: <u>Male</u>		6. COLOR OR RACE: <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): <u>Widowed</u>		8. DATE OF BIRTH: <u>Jan. 15, 1887</u>		9. AGE last birthday: <u>66</u> yrs. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.		
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) <u>Supervisor</u>					10b. KIND OF BUSINESS OR INDUSTRY: <u>A.D.T.</u>		11. BIRTHPLACE (State or foreign country): <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME: <u>William Vogelman</u>					14. MOTHER'S MAIDEN NAME:					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)					16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS: <u>Edward L. Vogelman, Jr. 1008 Stane Rd. Glen Burnie, Md.</u>			
18. MEDICAL CERTIFICATION										
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH								Interval Between Onset And Death		
Immediate cause (a) <u>Coronary Thrombosis,</u>								<u>10 days</u>		
Antecedent causes (s) (b) <u>Arterio-sclerosis</u>								<u>?</u>		
DISEASES OR CONDITIONS, if any, giving rise to the above cause stating the underlying cause last. (c)										
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.										
19a. DATE OF OPERATION: <u>0</u>					19b. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>										
21. ACCIDENT SUICIDE HOMICIDE (Specify)					PLACE (Home, farm, factory, street, OF office bldg., etc.)					
TIME (Month) (Day) (Year) (Hour) OF INJURY					INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>					
					HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Feb 6, 1953</u> , to <u>June 25, 1953</u> , that I last saw the deceased alive on <u>June 25, 1953</u> , and that death occurred at <u>8:15 AM</u> , from the causes and on the date stated above.										
SIGNATURE <u>Charles R. McDaniel M.D. 204 Cran Hill</u>					DATE SIGNED <u>9-6-53</u>					
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>					DATE THEREOF <u>9/9/53</u>					
NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cem.</u>					LOCATION (City, State and county) <u>Baltimore, Md.</u>					
DATE REC'D BY LOCAL REGISTRAR <u>SEP 9-1953</u>					REGISTRAR'S SIGNATURE <u>Huntington Williams, Jr.</u>					
24. FUNERAL DIRECTOR <u>John F. Denny, Inc.</u>					ADDRESS <u>715 Light St. Balto., 30, Md.</u>					

29082



K-460

53 8107

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8107

RTH NO.

NAME OF DECEASED
(Type or Print)

HERBERT KELLAR

2. DATE
OF
DEATH

9-8-53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

Luchern Hospital

Length of stay in Baltimore

7

Yrs.
Mos.
Days

SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. USUAL OCCUPATION (Give kind of
one during most of working life, even if retired)

Electrician

10B. KIND OF BUSINESS OR
INDUSTRY

Elec. Appliance

FATHER'S NAME

H. Kellar

9. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

No, or no (unknown)

16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

Md

15-11

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4019 Grantley Road

8. DATE OF BIRTH

6-3-1909

9. AGE (in years
last birthday)

44

If Under 1 Year
Months: DaysIf Under 24 hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Sevalut Pa.

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Anna

17. INFORMANT

Betty Kellar - Same

ADDRESS

18. 526x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Acute myocardial infarction 15-30 min

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CAUSE LAST.

(B)

DUE TO

Chronic bronchitis
bronchectasis(?)

(C)

?

?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 17, 1953 to Aug 8, 1953, that I last saw the
deceased alive on Aug 8, 1953, and that death occurred at 9:17 m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph C. Matchan

23B. ADDRESS

3623 Liberty Hts

23C. DATE SIGNED

Aug 8, 1953

24. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

9-9-53

24C. NAME OF CEMETERY OR CREMATORY

Mt Carmel

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

25. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Jack Kewaske

ADDRESS

2100 Cutaw Pl

Matchar
3623 Liberty Hgts

CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

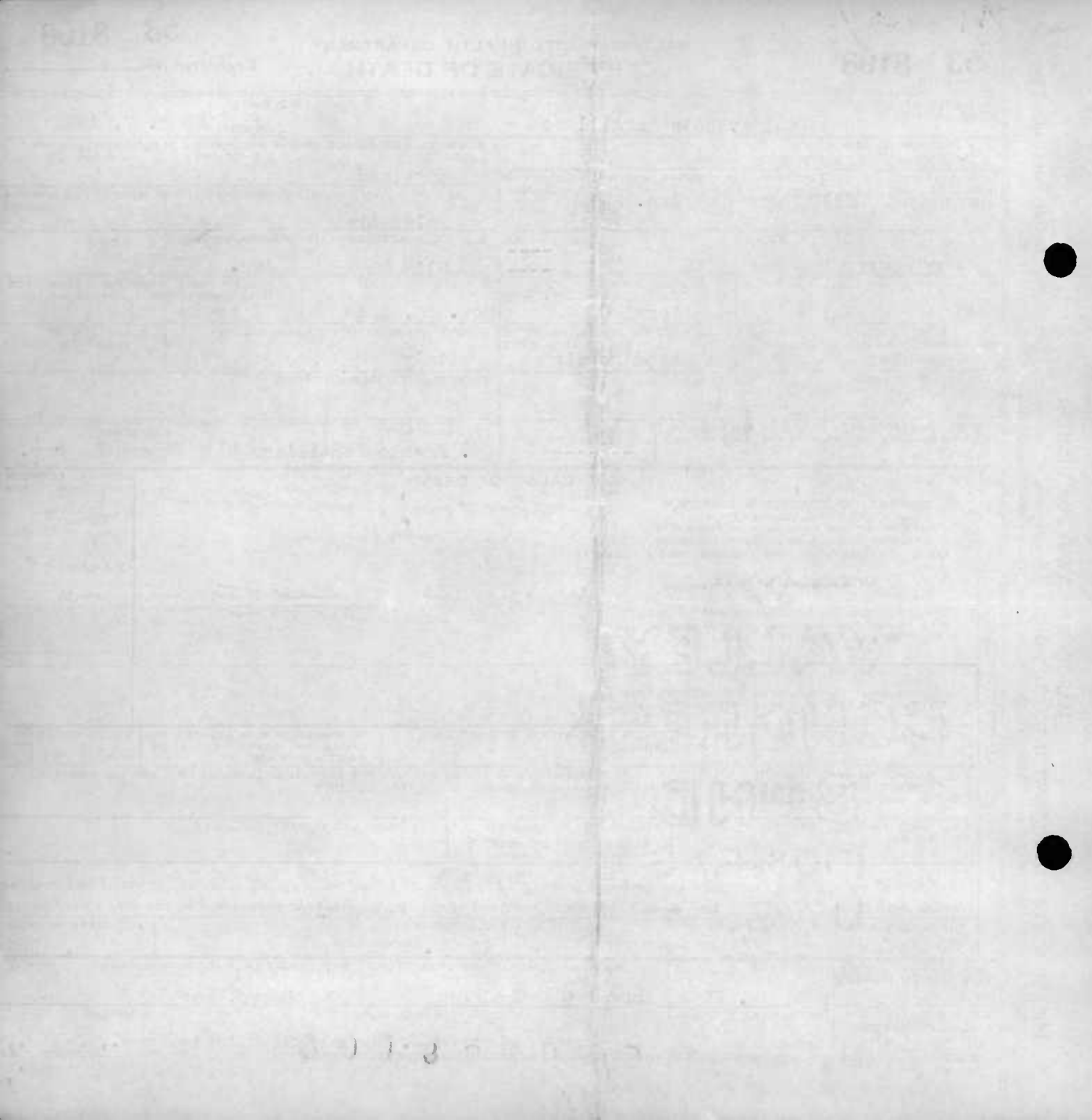
53 8108

Registered No.

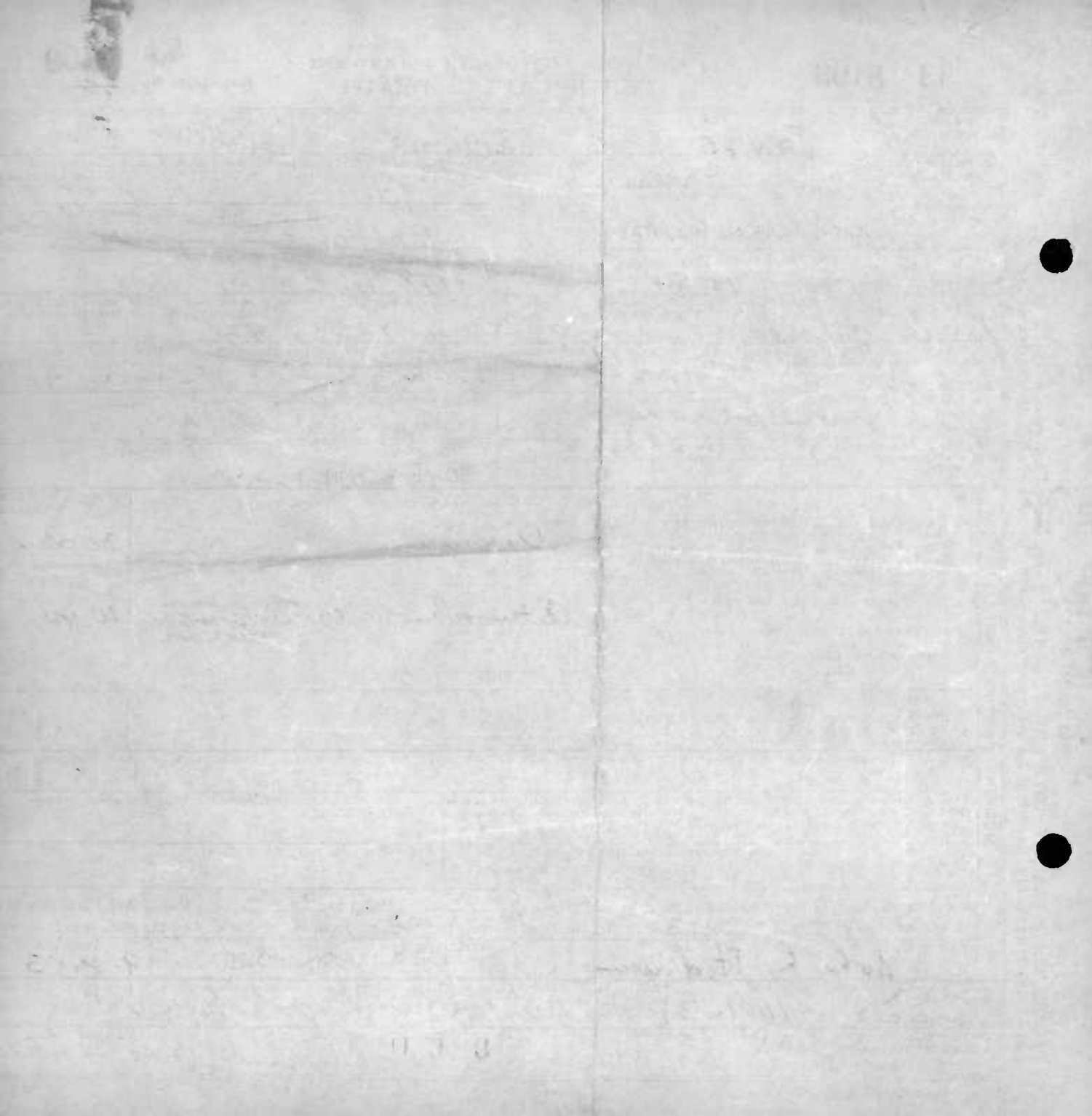
53 8108

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Paul Francis Mortillaro		2. DATE OF DEATH Sept. 7, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION 5118 Gwynn Oak Ave.		C. CITY OR TOWN Baltimore	
c. Length of stay in Baltimore 69 Yrs. Mon. Days		D. STREET ADDRESS (If rural, give location) 5118 Gwynn Oak Ave.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 28, 1866
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) shoemaker		10B. KIND OF BUSINESS OR INDUSTRY shoe repair	9. AGE (in years last birthday) 86 yrs
11. BIRTHPLACE (State or foreign country) Italy		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. -----	
17. INFORMANT Mr. Angelo Mortillaro		ADDRESS 5118 Gwynn Oak Ave.	
18. 540.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Gastro-intestinal hemorrhage		CAUSE OF DEATH Gastro-intestinal hemorrhage	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Peptic ulcer & stenosis		INTERVAL BETWEEN ONSET AND DEATH acute several yrs.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8/22 , 19 53 , to 9/8 , 19 53 , that I last saw the deceased alive on 9/5 , 19 53 , and that death occurred at 5A m., from the causes and on the date stated above.			
23A. SIGNATURE William J. Gorge		23B. ADDRESS 11 W. 29th Street	
23C. DATE SIGNED Sept 8, 1953		24A. BURIAL, CREMATION, REMOVAL (Specify) Entombment	
24B. DATE Sept 10, 1953		24C. NAME OF CEMETERY OR CREMATORY Lorraine Mausoleum	
24D. LOCATION (City, town, or county) Baltimore, Maryland		25. FUNERAL DIRECTOR George J. Gorge	
DATE RECEIVED BY LOCAL REGISTRAR SEP 9 - 1953		REGISTRAR'S SIGNATURE H. J. Gorge	
25. FUNERAL DIRECTOR George J. Gorge		ADDRESS 4001 Ritchie Hwy., Balto., Md.	



53 8109		BALTIMORE CITY HEALTH DEPARTMENT		53 8109	
BIRTH NO.		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
JANIE SCRUGGS			SEP 8 1953		
3. PLACE OF DEATH:			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
A. Baltimore City, Maryland Osler - 4			A. STATE Md.		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
JOHNS HOPKINS HOSPITAL			BALTO. 7-04		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location)		
15 yrs			1810 E. EAGER ST.		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months: Days
female	colored	?	Aug - 7 - 09	44	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country)		
Cook			Appomattox Va		
13. FATHER'S NAME			12. CITIZEN OF WHAT COUNTRY?		
Ellison Scruggs			U. S. A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		
no					
17. INFORMANT			ADDRESS		
JOHNS HOPKINS HOSPITAL					
18. 422.1			CAUSE OF DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			(A) Uremia		
ANTECEDENT CAUSES			DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B) Antineoplastic cardiovascular disease		
			DUE TO		
			(C)		
II			INTERVAL BETWEEN ONSET AND DEATH		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			30 days		
19A. DATE OF OPERATION			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 9-7-1953 to 9-8-1953 that I last saw the deceased alive on 9-8-1953 and that death occurred at 12:04 a. m., from the causes and on the date stated above.					
23A. SIGNATURE			23B. ADDRESS		23C. DATE SIGNED
John R. Hedeman			JOHNS HOPKINS HOSPITAL		9-8-53
24A. BURIAL CREMATION REMOVAL (Specify)			24B. DATE		24C. NAME OF CEMETERY OR CREMATORY
Burial			9/10/53		St. Elvira Cms
24D. LOCATION (City, town, or county)			24E. LOCATION (City, town, or county)		
Brooklyn Md			Brooklyn Md		
DATE RECEIVED BY LOCAL REGISTRAR			REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR
SEP 9 - 1953			Huntington Williams		26. ADDRESS
			27. FUNERAL DIRECTOR		28. ADDRESS
			Clary S. Wilson		1100 Brantley



S-351

53 8110

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8110
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Stambaugh, Elmer

2. DATE

OF

DEATH September 8, 1953

3. PLACE OF DEATH:

Baltimore City, Maryland

4. FULL NAME OF
(If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

5. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

12-02

7. STREET ADDRESS (If rural, give location)

117 Calvin Avenue

8. Length of stay in Baltimore

60 years

9. SEX

Male

10. COLOR OR RACE

White

11. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

12. DATE OF BIRTH

June 5, 1890

13. AGE (in years
last birthday)

63

14. If Under 1 Year
Months: Days15. If Under 24 Hours
Hours: Min.16. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

Foreman

17. KIND OF BUSINESS OR
INDUSTRY

Contractor

18. BIRTHPLACE (State or foreign country)

Pennsylvania

19. CITIZEN OF
WHAT COUNTRY?

20. FATHER'S NAME

Clay Stambaugh

21. MOTHER'S MAIDEN NAME

Sarah

22. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

no

23. SOCIAL
SECURITY NO.

24. INFORMANT

ADDRESS

Clay Stambaugh, Pulaski Hgwy & Manors Ln.

25. 163X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH26. DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma of lungs

DUE TO

27. ANTECEDENT CAUSES

28. DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

29. OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

30. DATE OF OPERATION

31. MAJOR FINDINGS OF OPERATION

32. AUTOPSY?

YES ☒ NO ☐33. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH34. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)35. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)36. TIME (Month) (Day) (Year) (Hour)
OF INJURY

37. INJURY OCCURRED

WHILE AT

NOT WHILE

m. WORK ☐AT WORK ☐

38. HOW DID INJURY OCCUR?

39. I hereby certify that I attended the deceased from July 16, 1953, to Sept. 8, 1953, that I last saw the
deceased alive on Sept. 8, 1953, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

40. SIGNATURE

R. Casinelli

41. ADDRESS

M. D.

1100 N. Caroline Street

42. DATE SIGNED

Sept. 8, 1953

43. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

44. DATE

9/11/53

45. NAME OF CEMETERY OR CREMATORY

Fairview Methodist Church

46. LOCATION (City, town, or county)

Sunnybrook,

(State)

Maryland

47. DATE RECEIVED BY
LOCAL REGISTRAR

48. REGISTRAR'S SIGNATURE

49. FUNERAL DIRECTOR

ADDRESS

1217 St. Paul Street

52324

7-525

53 8111

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8111

Registered No.

IRTH NO.

1. NAME OF DECEASED (Type or Print) LILLIAN VIRGINIA HENSEN		2. DATE OF DEATH Sept 7/53	
3. PLACE OF DEATH: Baltimore City, Maryland Union Memorial Hosp		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE 540 Beaumont Ave. B. COUNTY	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Union Memorial Hospital		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-10	
7. SURVIVORS Mr. MERVIN A. HENSEN Length of stay in Baltimore		8. STREET ADDRESS (If rural, give location) same	
9. SEX female	10. COLOR, OR RACE W.	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	12. DATE OF BIRTH February 1/1883
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Handsewife		14. KIND OF BUSINESS OR INDUSTRY NONE	
15. FATHER'S NAME Charles W Huber		16. BIRTHPLACE (State or foreign country) Maryland	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		18. CITIZEN OF WHAT COUNTRY? ✓	
19. SOCIAL SECURITY NO.		20. MOTHER'S MAIDEN NAME Mary Adams	
21. INFORMANT Mr. Mervin A. Hensen		22. ADDRESS same	
23. CAUSE OF DEATH Multiple Myeloma + Cirrhosis of the Liver			
24. ANTECEDENT CAUSES LOBAR PNEUMONIA			
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
26. DATE OF OPERATION		27. MAJOR FINDINGS OF OPERATION	
28. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		29. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
30. TIME (Month) (Day) (Year) (Hour) OF INJURY		31. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
32. I hereby certify that I attended the deceased from July 16, 1953 , to Sept 7, 1953 , that I last saw the deceased alive on Sept 7, 1953 , and that death occurred at 6:15 am. , from the causes and on the date stated above.		33. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
34. SIGNATURE Dr. J. H. Jones M.D.		35. ADDRESS Union Memorial Hosp.	
36. DATE SIGNED		37. DATE SIGNED	
38. A. BURIAL, CREMATION, REMOVAL (Specify) Burial		39. DATE 9/10/53	
40. NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery, Pikesville, Maryland		41. LOCATION (City, town, or county) (State)	
42. RECEIVED BY CAL REGISTRAR		43. REGISTRAR'S SIGNATURE St. M. Cork, Inc., 12176 Paul St.	
44. FUNERAL DIRECTOR		45. ADDRESS	

CERTIFICATE OF DEATH

RAJINDR C. K. HEALTH DEPARTMENT

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3 8112

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8112
Registered No.

1. NAME OF DECEASED (Type or Print) MR. HENRY LEE		2. DATE OF DEATH 9-7-53	
3. PLACE OF DEATH: Baltimore City, Maryland BON SECOURS HOSP		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY ANNA RUNDEN	
5. FULL NAME OF (If not in hospital or institution, give street address or location) BON SECOURS HOSP FAYETTE ST. BALTO, MD		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) FLAN BORNIE, MD.	
6. Length of stay in Baltimore Yrs. Mos. Days 4		D. STREET ADDRESS (If rural, give location) WELHAM AVE FLAN BORNIE	
7. SEX M.	8. COLOR OR RACE CHINESE	9. SINGLE, MARRIED, <input checked="" type="checkbox"/> WIDOWED, <input type="checkbox"/> DIVORCED (Specify)	10. DATE OF BIRTH MAY 13, 1902
11. USUAL OCCUPATION (Give kind of work during part of working life, even if retired) Printer		12. AGE (in years last birthday) 51	
13. FATHER'S NAME MR. NATHANIEL LEE		14. MOTHER'S MAIDEN NAME ALICE ?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT DAUGHTER		18. ADDRESS 215 E. 60th ST NEW YORK CITY	
19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CARCINOMATOSIS CARCINOMA OF INTESTINE		20. INTERVAL BETWEEN ONSET AND DEATH	
21. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		22. CAUSE OF DEATH CARCINOMA OF INTESTINE CARCINOMA OF INTESTINE	
23. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
24. DATE OF OPERATION Aug. 14, 1953		25. MAJOR FINDINGS OF OPERATION CARCINOMA OF INTESTINES	
26. DATE OF DEATH 9-7-53		27. DATE SIGNED Willie M. Smith	
28. PLACE OF INJURY (e.g., in or about home, farm, factory street, office bldg., etc.) BON SECOURS HOSP		29. WHERE DID INJURY OCCUR? BON SECOURS HOSP	
30. HOW DID INJURY OCCUR? CAUSE OF BOWEL		31. HOW DID INJURY OCCUR?	
32. I hereby certify that I attended the deceased from Aug 14 , 19 53 , to Sept. 7 , 19 53 , that I last saw the deceased alive on 9-7-53 , 19 53 , and that death occurred at 7:35 P.m. , from the causes and on the date stated above.		33. DATE SIGNED Willie M. Smith	
34. SIGNATURE Willie M. Smith		35. ADDRESS BON SECOURS HOSP	
36. DATE 9/10/53		37. DATE 9/10/53	
38. NAME OF CEMETERY OR CREMATORY Mt. Auburn		39. LOCATION (City, town, or county) (State) Balto. Md.	
40. REGISTRAR'S SIGNATURE Willie M. Smith		41. FUNERAL DIRECTOR Willie M. Smith	
42. ADDRESS Willie M. Smith		43. ADDRESS Willie M. Smith	

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

SEX

AGE

EDUCATION

OCCUPATION

RELIGION

MARRIAGE

CHILDREN

DISPOSITION

INTERVIEW

REMARKS

SIGNATURE

DATE

TIME

PLACE

CAUSE

SEX

AGE

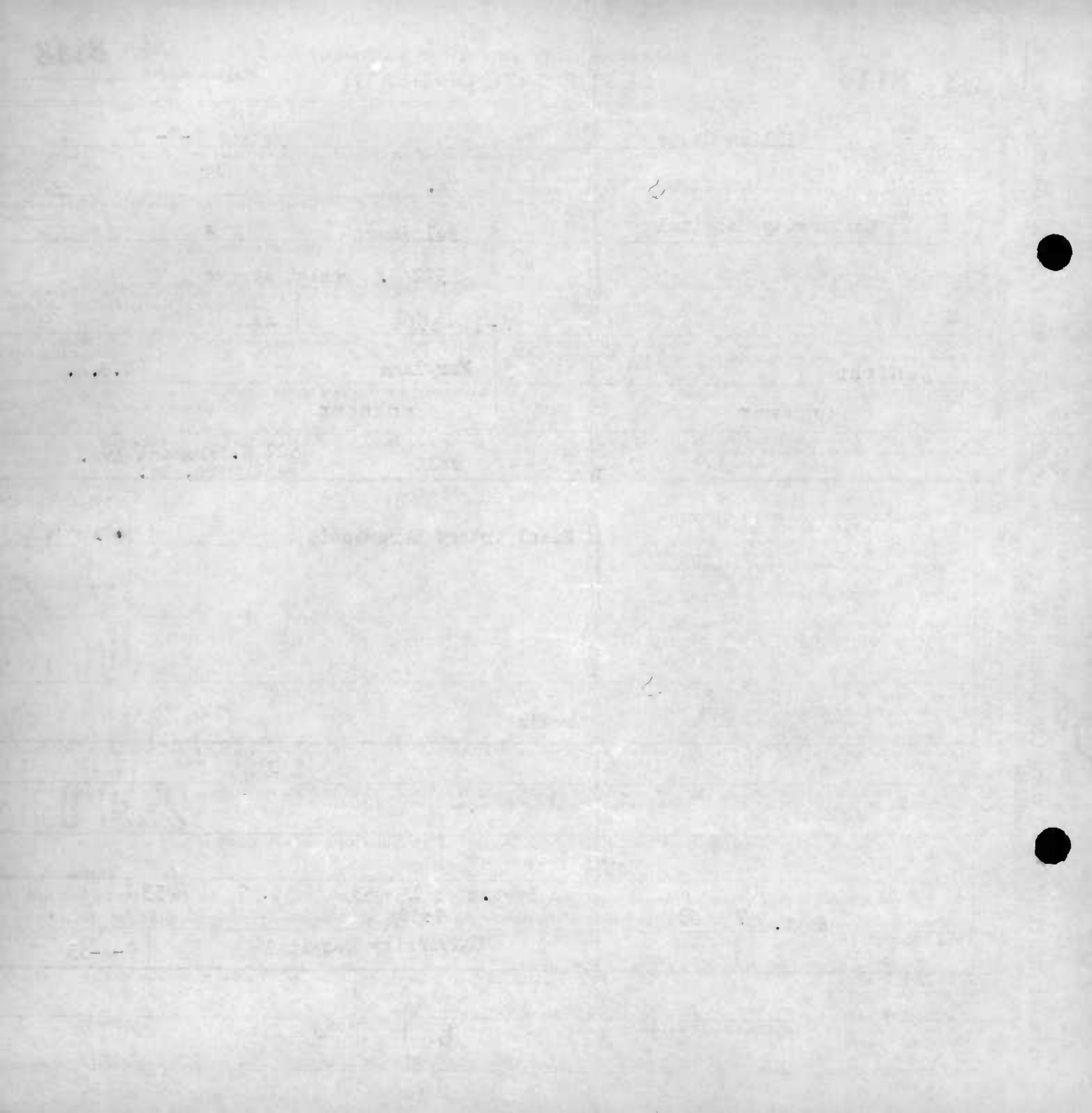
C-200

53 8113

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8113
Registered No.

1. NAME OF DECEASED (Type or Print) William Chase				2. DATE OF DEATH 9-7-53			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 522 N. Fremont Avenue			
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 3		8. DATE OF BIRTH 12-1909	9. AGE (In years last birthday) 44	10 Under 1 Year Months: Days	11 Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) janitor				10B. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13. FATHER'S NAME unknown			
14. MOTHER'S MAIDEN NAME unknown				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO. 216-10-9326				17. INFORMANT self			
18. 332X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Basal artery thrombosis DUE TO				INTERVAL BETWEEN ONSET AND DEATH 8-17-53 to 9-7-53 (30 days)			
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Uremia DUE TO (C)				OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 9-11-53		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from September 1, 1953 , to Sept. 7 , 1953 that I last saw the deceased alive on Sept. 7, 1953 , and that death occurred at 9:15 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE Joseph R. Roney - Roney M.D.				23B. ADDRESS University Hospital		23C. DATE SIGNED 9-8-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9-11-53		24C. NAME OF CEMETERY OR CREMATORY Western Star Cem		24D. LOCATION (City, town, or county) (State) Balto Md	
DATE RECEIVED BY LOCAL REGISTRAR SEP 9-1953		REGISTRAR'S SIGNATURE Samuel W. Sullivan Jr		25. FUNERAL DIRECTOR Samuel W. Sullivan Jr		ADDRESS 770 74 10114 Arlington Ave	



COUNCIL
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8114

BIRTH NO. 53 8114

1. NAME OF DECEASED
(Type or Print) Rebecca Council

2. DATE OF DEATH 9-6-53

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE md
B. COUNTY Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
277 Carey Lincoln Hosp

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

c. Length of stay in Baltimore 50 Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)
1538 Angelle Ave

5. SEX F

6. COLOR OR RACE C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W

8. DATE OF BIRTH Sept. 1-1886

9. AGE (In years last birthday) 67

10. Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10B. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country)
Shenandoah

12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME Ernest Stokely

14. MOTHER'S MAIDEN NAME Olivia West

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT George Stokely

ADDRESS 1538 Angelle Ave

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arterio Sclerotic Heart

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized Arterio Sclerosis

DUE TO

(C) —

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 19, 1953 to Sept-6, 1953 that I last saw the deceased alive on Sept-5, 1953, and that death occurred at 5 A. m., from the causes and on the date stated above.

23A. SIGNATURE E. Walter Channing

M. D.

23B. ADDRESS 2301 Harlem Ave

23C. DATE SIGNED 9/8/53

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 9-10-53

24C. NAME OF CEMETERY OR CREMATORY Arbutus

24D. LOCATION (City, town, or county) Baltimore

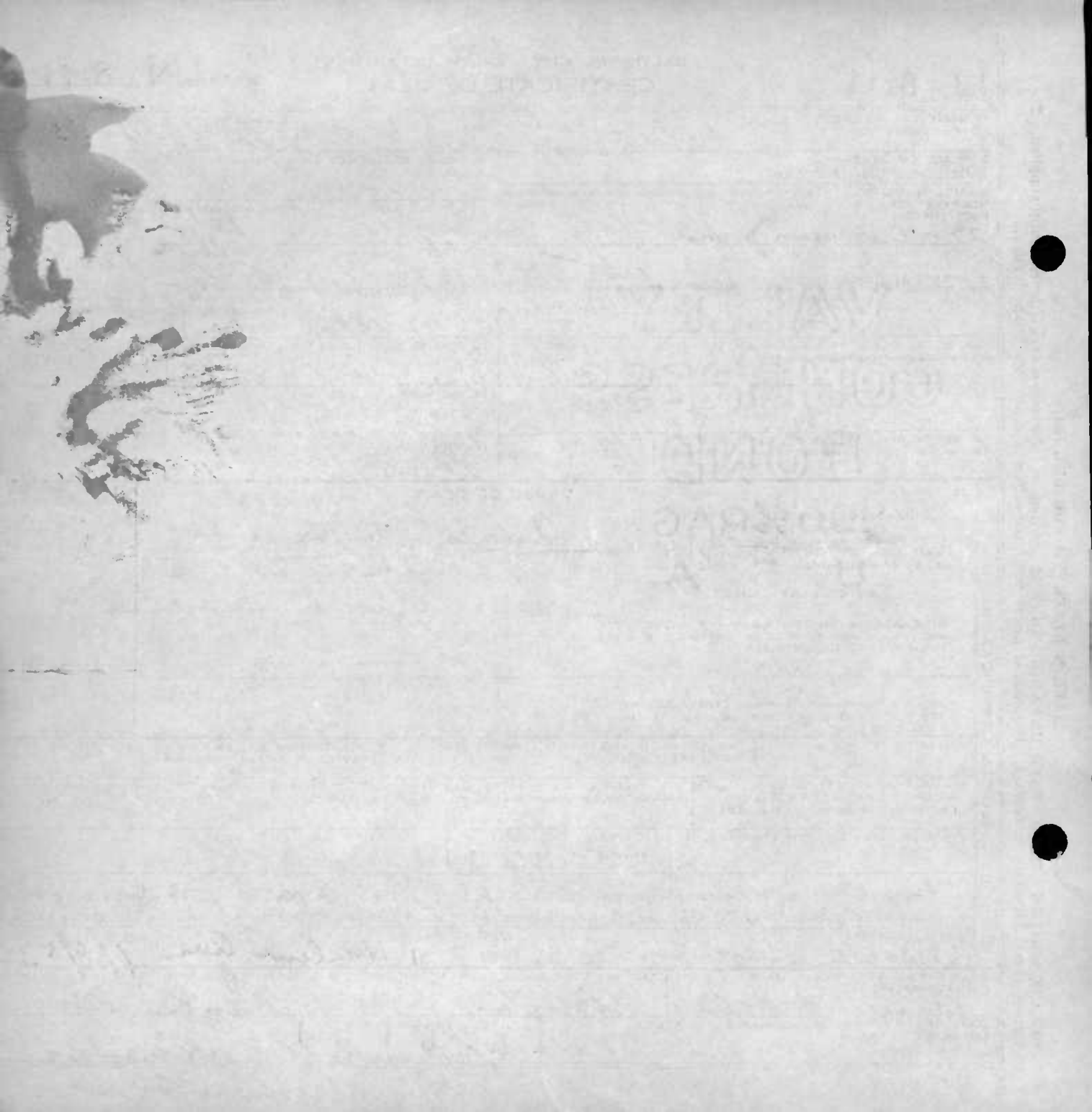
(State) md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE Samuel W. Sullivan Jr

25. FUNERAL DIRECTOR

ADDRESS 1011 N. Arlington Ave



MAF-17432

CERTIFICATE CORRECTED
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8115

Registered No.

53 8115

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Lortz
Stephen Lortz (Lortz)2. DATE
OF DEATH
Sept. 7, 19533. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE
Baltimore City Hospitals
4940 Eastern Ave.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Pasadena

c. Length of stay in Baltimore

life

D. STREET ADDRESS (If rural, give location)

Riviera Beach

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

Male

white

single

Oct. 16, 1946

6

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

13. FATHER'S NAME

Lortz

Francis Lortz (Lortz)

14. MOTHER'S MAIDEN NAME

Lillian D. Baker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. 4940 Eastern Ave. (records)

18. 080.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Bulbar Polio

6 days

ANTECEDENT CAUSES

(B) DUE TO

Pneumonia

2 days

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) DUE TO

II
OTHER SIGNIFICANT CONITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-6, 19 53 to 9-7, 19 53 that I last saw the deceased alive on 9-7, 19 53, and that death occurred at 6:40 Am., from the causes and on the date stated above.

23A. SIGNATURE

H. C. Johnson

M. O.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

9-7-1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

B

24B. DATE

9/10/53

24C. NAME OF CEMETERY OR CREMATORY

Lorraine

24D. LOCATION (City, town, or county) (State)

Baltimore

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Hunting 5/3/0

25. FUNERAL DIRECTOR

ADDRESS

James L. McCully - 130 E. Fort Avenue

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **53 8116**

3 8116

NAME OF DECEASED (Type or Print) Wilton B. KEGAN		2. DATE OF DEATH Sept 8/53	
PLACE OF DEATH: Baltimore City, Maryland Union Memorial Hosp		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) Dolfield Road, OWINGS Mills, Md.	
FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Union Memorial Hosp		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) OWINGS Mills, Md.	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) Dolfield Rd.	
SEX male	6. COLOR & RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Apr. 8, 1886
A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) P. A. (rtd)		10B. KIND OF BUSINESS OR INDUSTRY ?	9. AGE (In years last birthday) 67
FATHER'S NAME Bernard Kegan		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 216-01-4770	12. CITIZEN OF WHAT COUNTRY? same
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) Acute Myocardial Infarction (B) Hypertensive Cardio Vascular Disease (C) Acute pulmonary edema	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Sept 8, 1953 to Sept 8, 1953 , that I last saw the deceased alive on Sept 8, 1953 and that death occurred at 2:35 m., from the causes and on the date stated above.			
23A. SIGNATURE Dr. H. C. Jones		23B. ADDRESS Union Memorial Hosp.	
24A. DATE 9/11/53		24B. LOCATION (City, town, or county) (State) Woodlawn, Md.	
24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.		24D. LOCATION (City, town, or county) (State) Woodlawn, Md.	
25. FUNERAL DIRECTOR'S ADDRESS Thos. J. Vickener & Sons			

00081

Balto 17, Md

OFFICE OF THE COMMISSIONER OF HEALTH

ALBANY, N. Y.

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-563
53 8117BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8117
Registered No. _____

IRTH NO.

NAME OF DECEASED
(Type or Print)

Charles J. Linhardt.,

2. DATE
OF
DEATH

Sept 6, 1953.

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

OSPITAL OR

STITUTION

2922 McElderry St.

Yrs.
Mos.
Days

Length of stay in Baltimore

SEX
Male6. COLOR OR RACE
white7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE before admission)
Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore, 7-01D. STREET ADDRESS (If rural, give location)
2922 Mc Elderry Street.,SEX
Male6. COLOR OR RACE
white7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married8. DATE OF BIRTH
April 15, 18669. AGE (In years, last birthday) Months Days Hours Min.
87A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)
pt. of Shops.,10B. KIND OF BUSINESS OR
INDUSTRY
Automatic Lite Co.,11. BIRTHPLACE (State or foreign country)
Czechoslovakia12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

FATHER'S NAME

Charles Linhardt.

14. MOTHER'S MAIDEN NAME
Anna Lebeda. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Ella Linhardt (wife) 2922 McElderry Street

18. 422.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cardiovascular Disease arteriosclerotic

DUE TO

10 yr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO arteriosclerosis, generalized
(C)

15 yr

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Senility w Senile dementia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 11-30, 1949, to 9-6, 1953, that I last saw the
deceased alive on 9-6, 1953, and that death occurred at 12 PM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

NAME OF DECEASED

AGE

SEX

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

Cause of Death

Signature of Registrar

Signature of Physician

Signature of Coroner

Signature of Medical Examiner

Signature of Nurse

Signature of Undertaker

Signature of Burial Officer

Signature of Cemetery Officer

Signature of Health Officer

Signature of School Officer

Signature of Police Officer

Signature of Fire Officer

Signature of Water Officer

Signature of Gas Officer

Signature of Sewer Officer

5-163
53 8118BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8118
Registered No.

RTH NO.

NAME OF DECEASED
(Type or Print)

Joseph

MR. JOHN GERHARDT Sr.

2. DATE
OF
DEATH

SEPT 8, 1953

PLACE OF DEATH:

Baltimore City, Maryland

4. RESIDENT RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MARYLAND BALTIMORE

FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
SITUATION

CHURCH HOME & HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
BALTIMORE 7-05 township)

LIFE

Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2000 MELDERRY ST.

SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

MARCH 5, 1894

9. AGE (In years
last birthday)

59

If Under 1 Year
Months: Days Hours: Min.A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

INNER TRANSMISSION

10B. KIND OF BUSINESS OR
INDUSTRY

Con. Gas & Elec. Co

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.

FATHER'S NAME

JOHN GERHARDT

14. MOTHER'S MAIDEN NAME

MARY ~~XXXXXXXX~~ FranzC. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

UNK.

16. SOCIAL
SECURITY NO.

UNK.

17. INFORMANT (Wife) ADDRESS

Carolyn Schmitt Gebhardt SAME

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) MYOCARDIAL INFARCTION

DUE TO

7 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) HYPERTENSIVE CARDIO-VASC.

DUE TO DISEASE

3 yrs

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from AUG 27, 1953 to SEPT 8, 1953 that I last saw the
deceased alive on SEPT 8, 1953 and that death occurred at 5:20 Am., from the causes and on the date stated above.

23A. SIGNATURE

John E. Collins

M. D.

23B. ADDRESS

CHURCH HOME & HOSP.

23C. DATE SIGNED

SEPT 8, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 11, 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

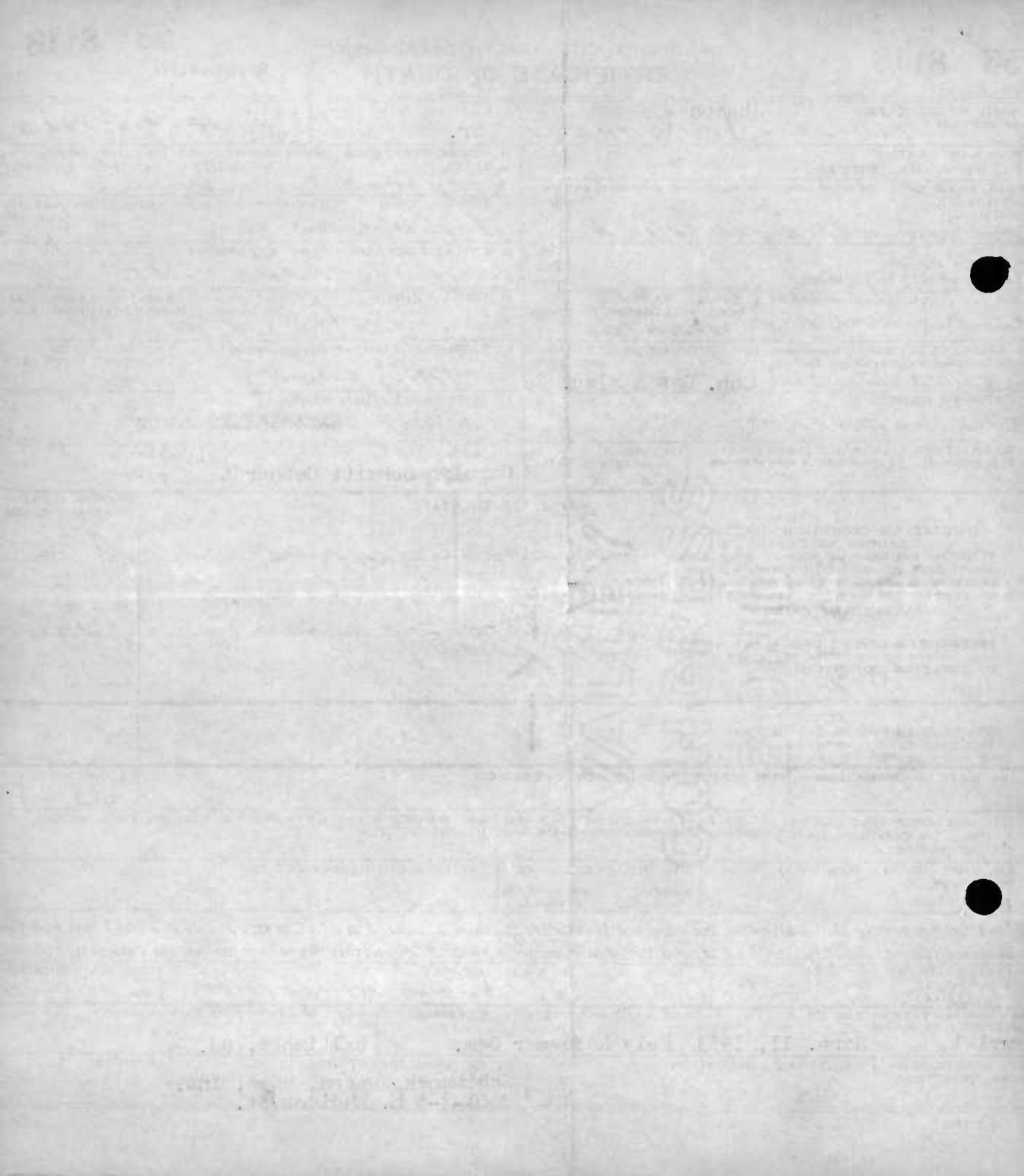
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

Schimunek Funeral Home, Inc.
2601-3158 Madison St.

ADDRESS

563 5E



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-300

53 8119

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8119

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Vivian Wyatt

2. DATE OF DEATH Sep. 6, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

Ind.

B. FULL NAME OF (If not in hospital or institution, give street address of location)
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 12-07

c. Length of stay in Baltimore

#0 Days 4 Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)

2802 Remington Ave

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

7-12-1905

9. AGE (In years last birthday)

48

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Charles Dent

14. MOTHER'S MAIDEN NAME

Sarah Stokes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Acute myocardial infarction

18 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive cerebrovascular disease

20 yrs.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/6, 1953 to 9/6, 1953, that I last saw the deceased alive on 9/6, 1953 and that death occurred at 9:45 P. M., from the causes and on the date stated above

23A. SIGNATURE

John L. Hedeman M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

9.7.53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9-11-1953

24C. NAME OF CEMETERY OR CREMATORY

Balto National Cem

24D. LOCATION (City, town, or county) (State)

Ind

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

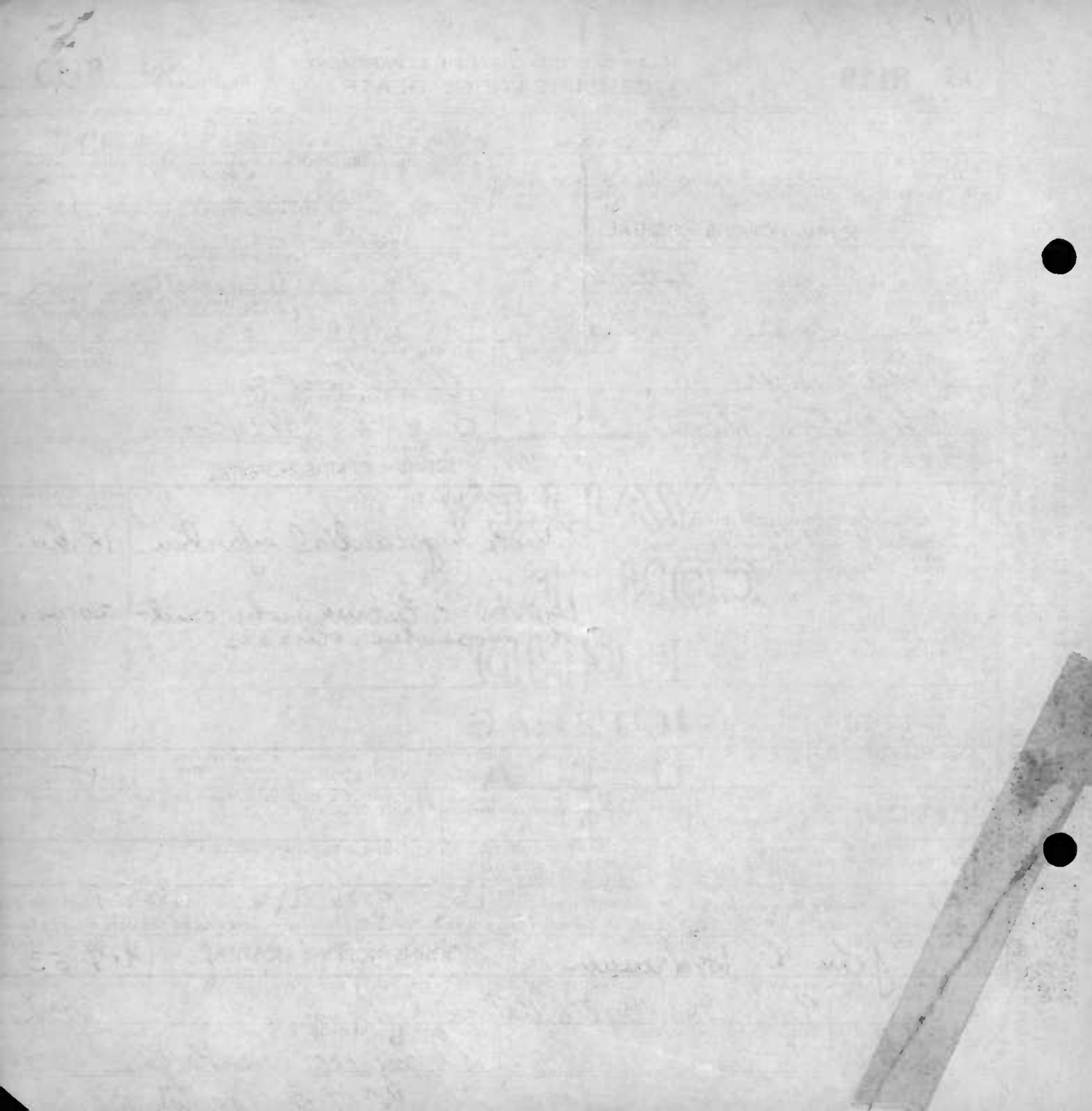
530

25. FUNERAL DIRECTOR

Rayner Sanders

ADDRESS

217 E. Preston St



53 8120

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8120

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EVERING L. GREGORY

2. DATE
OF
DEATH

9-7-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

UNIVERSITY HOSP

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 16-05

c. Length of stay in Baltimore

40 yrs

D. STREET ADDRESS (If rural, give location)

2236. Riggs Ave

5. SEX

C

6. COLOR OR RACE

M

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

2-16-1911

9. AGE (in years
last birthday)

42

10. Under 1 Year
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Wallace Gregory

14. MOTHER'S M maiden NAME

Mary Croome

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give year or dates of service)

Yes

H

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mary Spencer Edgman Md

18. E981X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) GUNSHOT WOUND OF
DUE TO CHEST

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

club house

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

135 ARCH ST

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

9 7 53, A

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Shot during altercation

22. I certify that I took charge of the remains described above, held an _____ thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

R. Fisher

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

9-7-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

9-9-53

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem. A.A.C.O

24D. LOCATION (City, town, or county)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Rayner Sanders

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97099

217 E. Preston St

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1-652

53 8121

AARONSON
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8121
Registered No.

1. NAME OF DECEASED (Type or Print) Mr. Nathan Aaronson				2. DATE OF DEATH 9-9-53			
3. PLACE OF DEATH: Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Balto.			
5. FULL NAME OF HOSPITAL OR INSTITUTION Levindale				C. CITY OR TOWN Balto. (If outside corporate limits, write RURAL and give township)			
6. Length of stay in Baltimore 40 Yrs. Most Days				D. STREET ADDRESS (If rural, give location) Greenspring & Belvedere Ave			
7. SEX Male	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		10. DATE OF BIRTH 6/7		11. AGE (In years last birthday) 67	
12. USUAL OCCUPATION (Give kind of work depending most of working life, even if retired) Believe		13. KIND OF BUSINESS OR INDUSTRY Cigar mfg		14. BIRTHPLACE (State or foreign country) Russia		15. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. FATHER'S NAME Not known				17. MOTHER'S MAIDEN NAME Not known			
18. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)				19. SOCIAL SECURITY NO.			
20. INFORMANT Samuel Aaronson - 2719 Eglburg Ave				21. ADDRESS			
22. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				23. CAUSE OF DEATH			
24. ANTECEDENT CAUSES				25. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
26. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				27. II			
28. 19A. DATE OF OPERATION 0				29. 19B. MAJOR FINDINGS OF OPERATION			
30. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		31. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		32. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		33. 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
34. 21D. TIME (Month) (Day) (Year) (Hour)		35. 21E. INJURY OCCURRED		36. 21F. HOW DID INJURY OCCUR?		37. 22. I hereby certify that I attended the deceased from 1-16 , 19 48 , to 9-9 , 19 53 , that I last saw the deceased alive on 9-9 , 19 53 , and that death occurred at 4:30 a.m., from the causes and on the date stated above.	
38. 23A. SIGNATURE Jerome J. Blumderg				39. 23B. ADDRESS Levindale Home		40. 23C. DATE SIGNED 9-9-53	
41. 24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		42. 24B. DATE 9-9-1953		43. 24C. NAME OF CEMETERY OR CREMATORY Mt. Carmel		44. 24D. LOCATION (City, town, or county) (State) Balto. Md.	
45. 25. FUNERAL DIRECTOR Thurston, 15100				46. 25. ADDRESS Jack Lewis Dr - 2100 Eutaw Pl.			

2904A

1503

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THE UNIVERSITY OF CHICAGO

STATE OF ILLINOIS

1503



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8122

H-452
53 8122 53-14931

BIRTH NO.		1. NAME OF DECEASED (Type or Print) NATHAN HOLMES		2. DATE OF DEATH 9-5-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY 6-04			
B. FULL NAME OF HOSPITAL OR INSTITUTION 127 N. Chapel St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 127 N. Chapel St.			
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH July 4 1953	9. AGE (In years last birthday) 2	# Under 1 Year Months: Days # Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore md.	
13. FATHER'S NAME William Holmes		12. CITIZEN OF WHAT COUNTRY? md.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Maudie Holmes	
15. (If yes, give war or dates of service)				ADDRESS	

18. **492X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **INTERSTITIAL PNEUMONIA**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an AUTOPSY thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. Fisher		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED 9-6-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sept 7 1953		24C. NAME OF CEMETERY OR CREMATORY West Calvary Cem.	
24D. LOCATION (City, town, or county) (State) md.		24E. FUNERAL DIRECTOR Mrs. C. E. Elliott		24F. ADDRESS 1124 N. Caroline St.	
DATE RECEIVED BY LOCAL REGISTRAR SEP 9-1953		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR Mrs. C. E. Elliott	
				ADDRESS 1124 N. Caroline St.	

State of New York

In SENATE,

January 1, 1900.

REPORT

OF THE

COMMISSIONERS OF THE LAND OFFICE

FOR THE YEAR 1899.

ALBANY:

JOHN B. LEECH, PRINTERS.

1900.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53

8123

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53

8123

Registered No.

BIRTH NO.

53-02145

1. NAME OF DECEASED
(Type or Print)

PARKER, RICHARD

2. DATE
OF
DEATH

9-9-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

Maryland

B. COUNTY

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

SINAI HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

OWINGS MILLS

c. Length of stay in Baltimore

7 months

Yrs.
Mos.
Days

5300

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

1-26-1953

9. AGE (In years
last birthday)

1 month

If Under 1 Year
Months: Days

7 -

If Under 24 Hours
Hours: Min.

-

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

RICHARD JOSEPH PARKER

14. MOTHER'S MAIDEN NAME

ANNA BELLE SMITH

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Richard Y. Parker OWINGS MILLS

18. 754.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A)

HEART FAILURE

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

CONGENITAL HEART DISEASE

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

PNEUMONITIS

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-30, 1953, to 9-9, 1953, that I last saw the
deceased alive on 9-9, 1953, and that death occurred at 3:15 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Bowditch

M. D.

23B. ADDRESS

Sinai Hospital, Balto

23C. DATE SIGNED

9-9-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Sept 12/53

24C. NAME OF CEMETERY OR CREMATORY

Frankford Cem

24D. LOCATION (City, town, or county)

Frankford Ky.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 9-1953

8183

DEPARTMENT OF HEALTH

8183

CERTIFICATE OF DEATH

Blank certificate form with horizontal lines for text entry.

53

M-200
8124BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8124

Registered No. _____

BIRTH NO. _____			
1. NAME OF DECEASED (Type or Print) Maria Mack			2. DATE OF DEATH Sept. 7, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. Md.		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1215 Madison Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 14 years		D. STREET ADDRESS (if rural, give location) 1215 Madison Ave	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 8, 1874
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Home	9. AGE (In years last birthday) 78 If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.
13. FATHER'S NAME Stephen Walker		11. BIRTHPLACE (State or foreign country) Eutawville S.C.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO. _____		14. MOTHER'S MAIDEN NAME Mildred	
17. INFORMANT Mrs. Eugenia Gillison		ADDRESS 1215 Madison Ave.	
18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis DUE TO Coronary Vasculature DUE TO 4 years			INTERVAL BETWEEN ONSET AND DEATH 7 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (if in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 28, 1953 to Sept 6, 1953 and that death occurred 10:30 a.m. , from the causes and on the date stated above.			
23A. SIGNATURE W. H. Watts		23B. ADDRESS 515 4th Street	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9/7/53	
24C. NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore Maryland	
DATE RECEIVED BY LOCAL REGISTRAR SEP 9-1953		25. FUNERAL DIRECTOR Shelton Funeral Home 1631 Druid Hill Ave.	

1918 22

3

1918 22

1918 22



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 8125BIRTH NO. 53 81251. NAME OF DECEASED
(Type or Print)*Samuel T. Gibbons*2. DATE
OF
DEATH*9/4/53*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION*1125 Monroe Circle*4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

*Md.*C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)*Balto (Brooklyn)*

D. STREET ADDRESS (If rural, give location)

1125 Monroe Circle

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

*White*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Widowed*

8. DATE OF BIRTH

*3/11/1866*9. AGE (in years
last birthday)*87*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Retired*10B. KIND OF BUSINESS OR
INDUSTRY*Bricklayer*

11. BIRTHPLACE (State or foreign country)

*Md*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Gibbons

14. MOTHER'S MAIDEN NAME

*Matilda (Unknown)*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)*No*

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.*215-22-6720*

17. INFORMANT

ADDRESS

*Ruth Pruitt 1125 Monroe Circle*18. *434.1*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) *Cardiac failure - congestion months.*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *coronary*

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Aug 29, 1953* to *Aug 29, 1953*, that I last saw the
deceased alive on *Aug 29, 1953*, and that death occurred at *7 A* m., from the causes and on the date stated above.

23A. SIGNATURE

W. L. Heimer

M. D.

23B. ADDRESS

9-7-53 University Hospital

23C. DATE SIGNED

*9-9-53*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

9/10/53

24C. NAME OF CEMETERY OR CREMATORY

Louisa Park

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

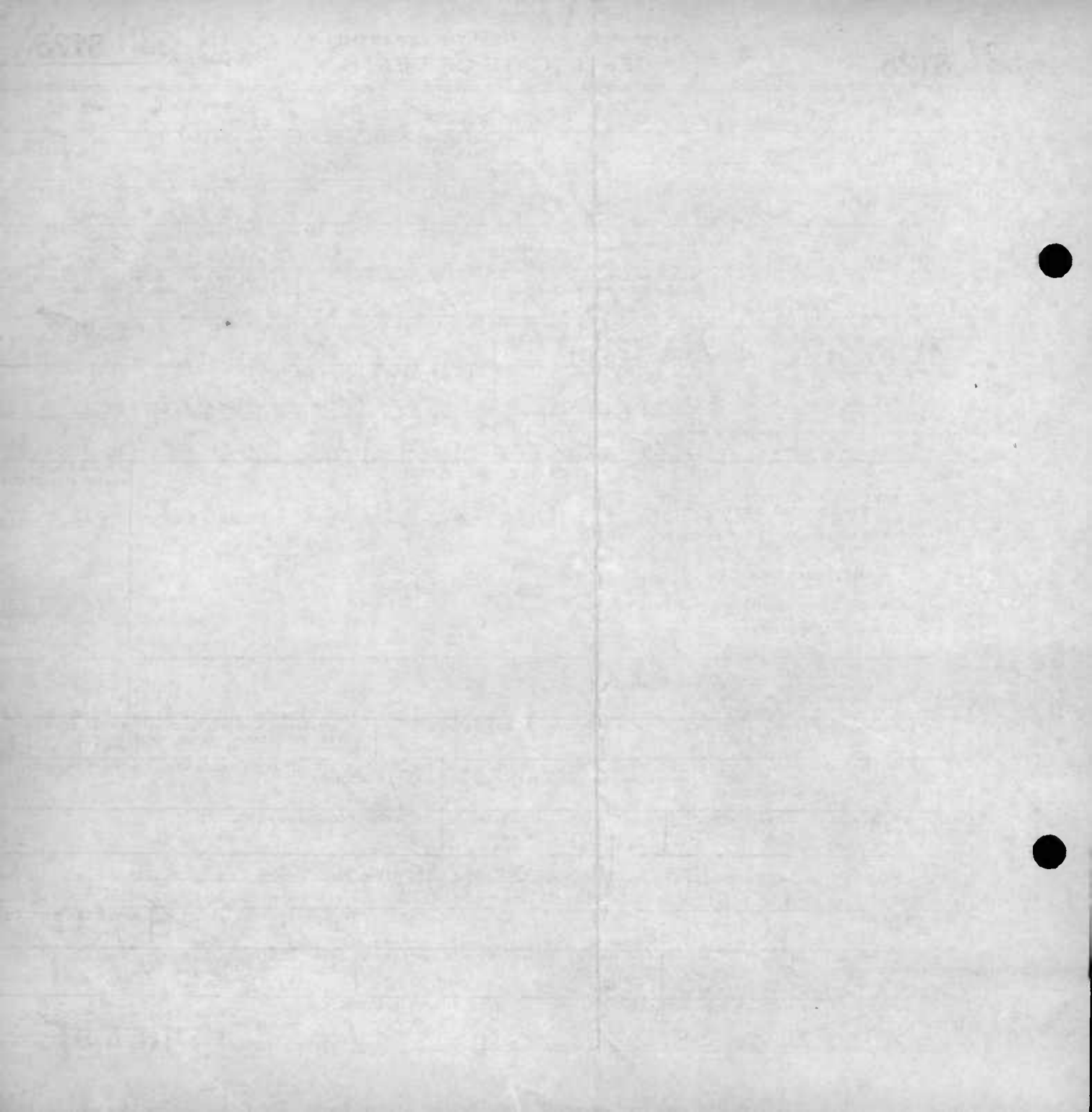
REGISTRAR'S SIGNATURE

*SEP 9 1953**53012*

25. FUNERAL DIRECTOR

ADDRESS

Wm. Conkline 1217 St. Paul st.



C-540 CERTIFICATE CORRECTED 9-23-53

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8126

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Irene J. Connolly

2. DATE
OF
DEATH September 9, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
MarylandB. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

6141 Cardiff Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

6141 Cardiff Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

1895
Sept. 22, 18959. AGE (In years
last birthday)

67 57

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John C. Richards

14. MOTHER'S MAIDEN NAME

Marion Waggner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Edward J. Connolly, 6141 Cardiff Avenue

18. 170x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary - of Heart 3 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Generalized Metastasis

CUE TO

(C)

Arteriosclerosis generalized ?

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1952, to Sept 9, 1953, that I last saw the
deceased alive on Sept 4, 1953, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

L. J. Kline

M. O.

23B. ADDRESS

2523 E. Mount St.

23C. DATE SIGNED

9/9/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

9/12/53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 9 - 1953

1217 St. Paul Street

1217 St. Paul Street

3518

37

3518



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53

8127

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 8127

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Emily T. Biddlecomb

2. DATE
OF
DEATH

9-8-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

C. CITY OR TOWN

Reedville

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

20

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

10/6/95

9. AGE (In years
last birthday)

57

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Reg. nurse

10B. KIND OF BUSINESS OR
INDUSTRY

nurse

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

alfred W Biddlecomb

14. MOTHER'S MAIDEN NAME

Alveda Robinson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mary B. Harry Middle River

ADDRESS

18. 170X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Carcinoma breast (left)
with widespread metastases

approx 2y

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

10-27-51

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMED

ca left breast

IF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1953, to Sept 8, 1953, that I last saw the deceased alive on Sept 7, 1953, and that death occurred at 9:10 AM on 9-8-53, from the causes and on the date stated above.

23A. SIGNATURE

John R. Hankins

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

9-8-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

9/10/53

24C. NAME OF CEMETERY OR CREMATORY

Roseland Cemetery

24D. LOCATION (City, town, or county)

Reedville, Virginia

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

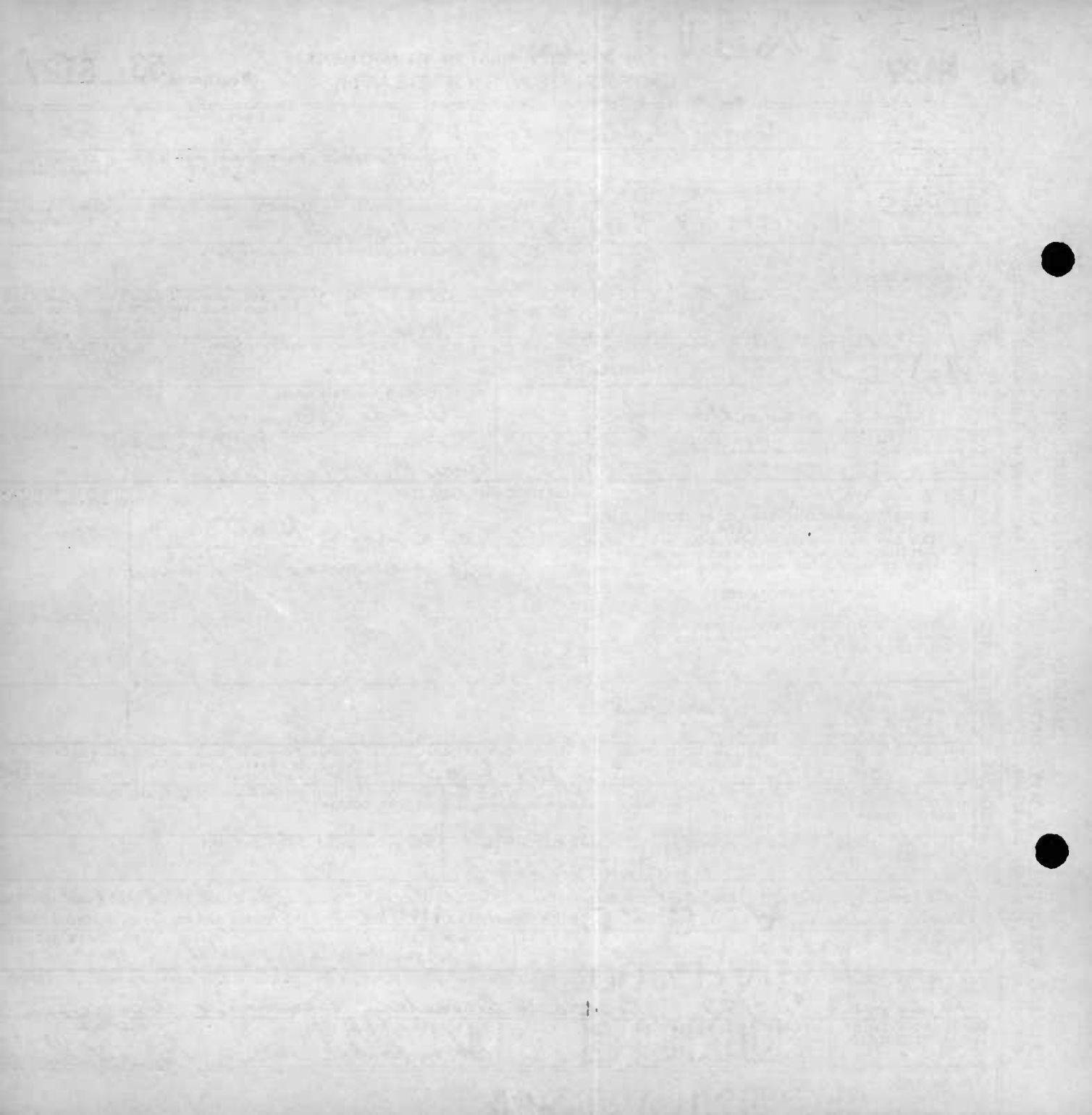
25. FUNERAL DIRECTOR

ADDRESS

SEP 9-1953

Huntington

Stm Cook Inc, 12176 Paul St



51.0
53 8128BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8128
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Gunnip, Catherine Veronica

2. DATE
OF
DEATH September 8, 1953

3. PLACE OF DEATH:

Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE before admission)
Maryland5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION In route to hospital6. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

7. Length of stay in Baltimore

Yrs.
Mos.
Days

8. STREET ADDRESS (If rural, give location)

5000 O'Donnell Street #24

9. SEX 10. COLOR OR RACE 11. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Female White Widowed12. DATE OF BIRTH 13. AGE (in years
last birthday) If Under 1 Year If Under 24 Hours
JULY 16, 1880 73 Months: Days Hours: Min.14. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

Housewife

15. KIND OF BUSINESS OR
INDUSTRY

Own home

16. BIRTHPLACE (State or foreign country)

Maryland

17. CITIZEN OF
WHAT COUNTRY?

U.S.A.

18. FATHER'S NAME

MICHAEL ADAMS

19. MOTHER'S MAIDEN NAME

MARGARET SCHORR

20. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

NO

NO

21. SOCIAL
SECURITY NO.

NONE

22. INFORMANT

GEORGE T. GUNNIP

ADDRESS

SAME

23. 204.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH24. DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Leukemia, Lymphatic, Myeloid

DUE TO

ANTECEDENT CAUSES

25. DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CERTIFICATION APPROVED BY
M. D.
CHIEF OR ASST. MEDICAL EXAMINER26. OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

27. DATE OF OPERATION

28. MAJOR FINDINGS OF OPERATION

29. AUTOPSY?

YES ☐ NO ☒30. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH31. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)32. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

33. TIME (Month) (Day) (Year) (Hour)
OF INJURY

34. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

35. HOW DID INJURY OCCUR?

36. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the
deceased alive on _____, 19____, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

37. SIGNATURE

R. Corvelli

38. ADDRESS

M. D.

1100 N. Caroline Street

39. DATE SIGNED

Sept. 8, 1953

40. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

41. DATE

9-11-53

42. NAME OF CEMETERY OR CREMATORY

SACRED HEART CEM.

43. LOCATION (City, town, or county) (State)

7401 GERMAN HILL RD MD.

44. DATE RECEIVED BY
LOCAL REGISTRAR

45. REGISTRAR'S SIGNATURE

46. FUNERAL DIRECTOR

ADDRESS

Charles S. Geiler 901 S. CONKLING ST.
BALTO., MD.

Name of Deceased		Sex		Age		Date of Birth		Place of Birth	
Cause of Death		Manner of Death		Occupation		Education		Religion	
Physician's Signature		Physician's Name		Physician's Address		Physician's Telephone		Physician's License No.	
Coroner's Signature		Coroner's Name		Coroner's Address		Coroner's Telephone		Coroner's License No.	
Witness's Signature		Witness's Name		Witness's Address		Witness's Telephone		Witness's License No.	
Registrar's Signature		Registrar's Name		Registrar's Address		Registrar's Telephone		Registrar's License No.	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 8129**

 BIRTH NO. **53 8129**

1. NAME OF DECEASED (Type or Print) CLAUDE CONOVER		2. DATE OF DEATH September 9, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Carroll	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Bethlehem Shipyard Co., Key Highway		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Taneytown	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) Route #2	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 3, 1882
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (Retired)		10B. KIND OF BUSINESS OR INDUSTRY Own Farm	9. AGE (In years last birthday) 71 If Under 1 Year: Months: Days: Hours: Min.
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Samuel Conover		14. MOTHER'S MAIDEN NAME Ellen Mehring	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) ? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. ?	
17. INFORMANT Mrs. Claude Conover		ADDRESS Taneytown	

 18. **420.1**

CAUSE OF DEATH

 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

 (A) **Coronary occlusion**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

 (B) **Myocardial infarct**

 (C) **Arteriosclerotic cardiovascular disease**

 II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Partial Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William W. Smith		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Sept. 9, 1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Sept 12, 1953	24C. NAME OF CEMETERY OR CREMATORY Piney Creek Cemetery		24D. LOCATION (City, town, or county) (State) Taneytown Maryland
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE L.O. Luss		25. FUNERAL DIRECTOR L.O. Luss ADDRESS Taneytown, Md.

VS 151 js

10010

1978 22

UNITED STATES OF AMERICA
DEPARTMENT OF AGRICULTURE
NATIONAL AGRICULTURAL STATISTICS SERVICE

1978 22

1. Name of the person or organization

2. Address

3. City

4. State

5. Zip

6. Telephone

7. Fax

8. E-mail

9. Other

10. Comments

11. Signature

12. Title

13. Organization

14. Date

15. Location

16. Other

17. Comments

18. Signature

19. Title

20. Organization

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

53 8130

53 8130

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James H. Griffin

2. DATE
OF
DEATH

Sept. 8, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

18-03

D. STREET ADDRESS (If rural, give location)

1204 Lombard St. W.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Nov. 9, 1870

9. AGE (In years
last birthday)

82

If Under 1 Year
Months: Days

9 29

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

WATCHMAN

10B. KIND OF BUSINESS OR INDUSTRY

UNION TRUST CO.

11. BIRTHPLACE (State or foreign country)

BOSTON, MASS.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

JAMES GRIFFIN

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL
SECURITY NO.

220-14-8512

17. INFORMANT

MRS SARAH V. DRECHSLER

ADDRESS

18.

490X

CAUSE OF DEATH 1204 W. LOMBARD ST.

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

labor pneumonia

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

WORK ☐

NOT WHILE

AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 4, 1953 to Sept 7, 1953, that I last saw the deceased alive on Sept. 7, 1953, and that death occurred at 7:42 a.m. from the causes and on the date stated above.

23A. SIGNATURE

Wm. Tyeon

M. O.

23B. ADDRESS

Univ. Hosp.

23C. DATE SIGNED

9-8-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

9-10-53

24C. NAME OF CEMETERY OR CREMATORY

CATHEDRAL

24D. LOCATION (City, town, or county)

BALTIMORE

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

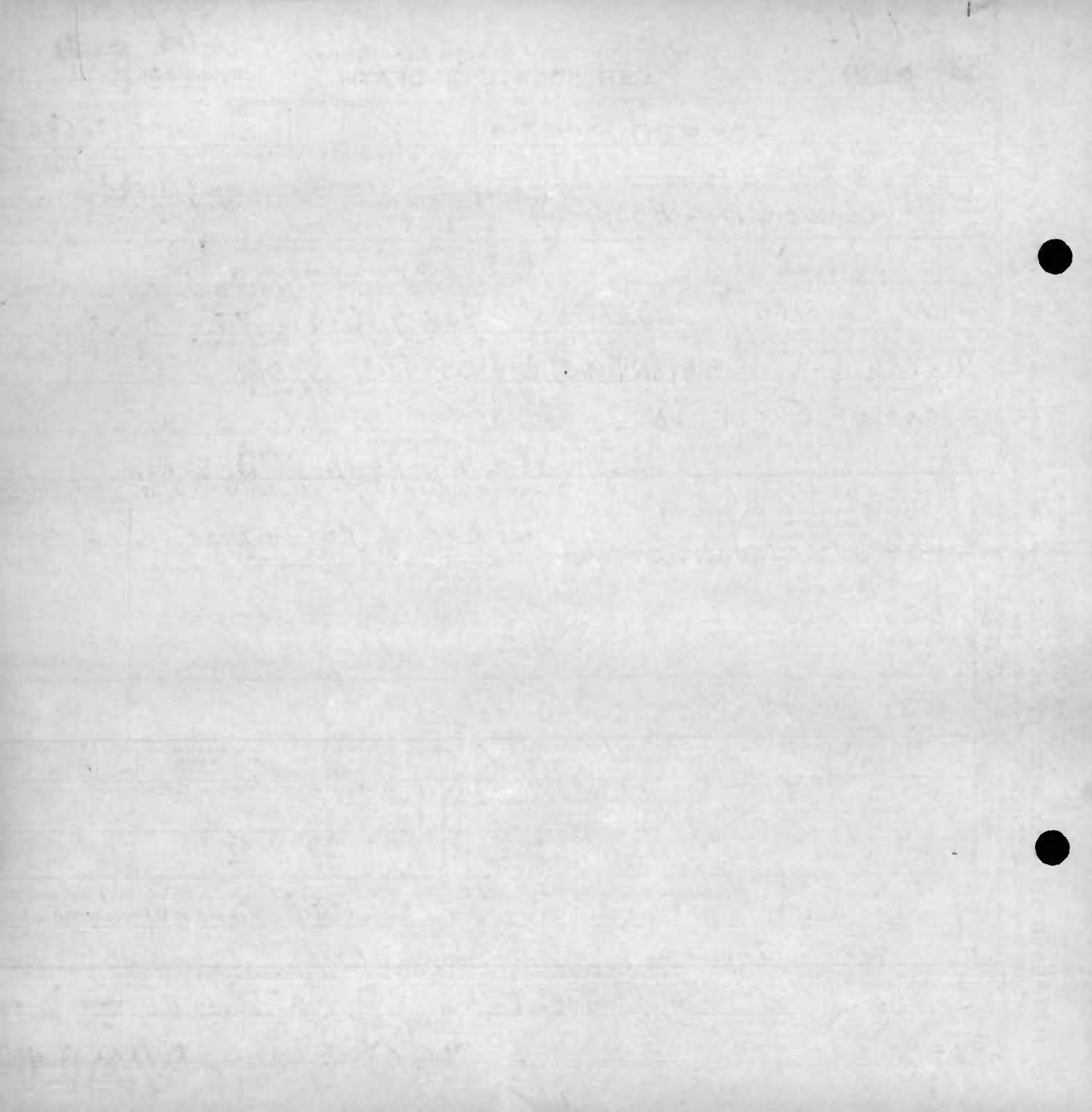
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 9-1953

15300 1st St. N. A. POLE, 1913 W. BALTO. ST.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8131

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ella Mae Call (Sumnerville)

2. DATE OF DEATH *Sep 8, 1953*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Johns Hopkins Hosp

4. USUAL RESIDENCE (Where deceased lived, in institution; residence before admission)

A. STATE *and*

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address of location)

HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write R.U.A. and give township)

Baltimore 16 07

D. STREET ADDRESS (If rural, give location)

1311 W. Mosher St.

c. Length of stay in Baltimore

30

Yrs.

Mos.

Days

SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.

Female Colored

Colored

Widowed

8-15-1904

49

49

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

Domestic

—

Virginia

U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Christopher Blackwell - Va

Louise Kenney - Va

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. *171X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Uremia*

DUE TO

ANTECEDENT CAUSES

(B) *Bilateral Hydronephrosis*

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) *Carcinoma of Cervix IC 4*

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Vesico vaginal and Rectovaginal fistulae

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK

NOT WHILE AT WORK

22. I hereby certify that I attended the deceased from *9/5*, 19*53* to *9/8*, 19*53*, that I last saw the deceased alive on *9/8*, 19*53*, and that death occurred at *5:30 P.M.*, from the causes and on the date stated above

23A. SIGNATURE

R. L. Merritt

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

9-9-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

9/13/53

MT. Calvary Cem Baltimore Md

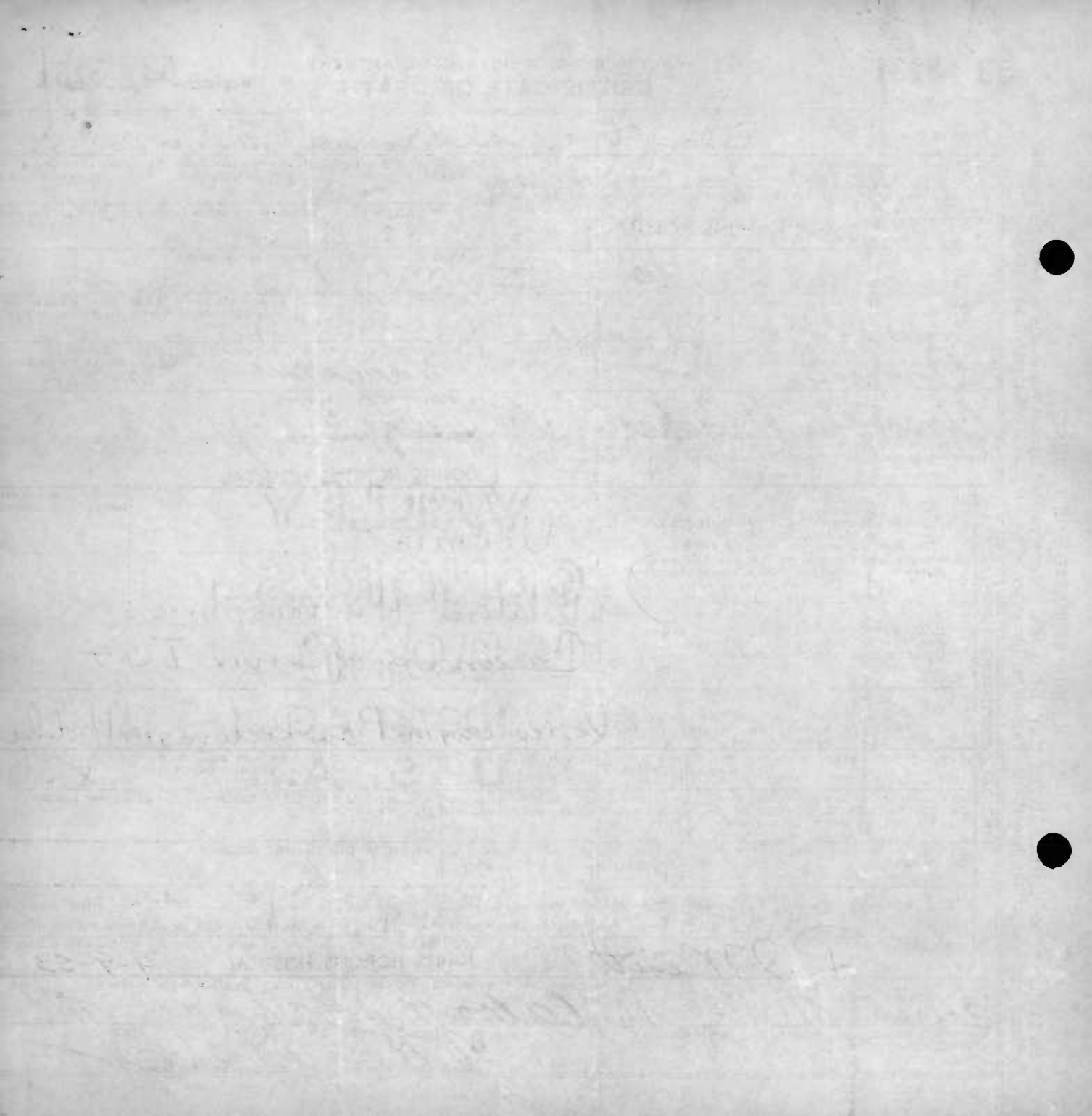
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

William G Jackson



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 8132**
G-426
8132
 BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILLIAM GILCHRIST		2. DATE OF DEATH 9-7-53	
3. PLACE OF DEATH: a. Baltimore City, Maryland Balto, City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MARYLAND b. COUNTY	
b. FULL NAME OF (If not in hospital or institution, give street address or location) MERCY HOSPITAL		c. CITY OR TOWN (If outside corporate limits, write full name of city and township) BALTO. 5-01	
c. Length of stay in Baltimore 8 mos.		d. STREET ADDRESS (If rural, give location) 224 EXETER	
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY on General	9. AGE (in years last birthday) 42
11. BIRTHPLACE (State or foreign country) Saurenburg N.C. U.S.A.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Daniel Gilchrist		14. MOTHER'S MAIDEN NAME Margaret Gilchrist	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT George Alfred E. E. E. E.		ADDRESS	
18. E983X CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)			
(A) Massive retroperitoneal Hemorrhage and Massive Subarachnoid Hemorrhage			
DUE TO			
(B) Subarachnoid Hemorrhage			
DUE TO			
(C)			
19. ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) STREET	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Fayette + Forrest STS		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 9-7-53	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Assaulted by other men	
22. I certify that I took charge of the remains described above, held an AUTOPSY thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .			
23a. SIGNATURE B. Fisher		23b. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. 9-7-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/11/53	
24c. NAME OF CEMETERY OR CREMATORY Fayetteville		24d. LOCATION (City, town, or county) (State) Fayetteville N.C.	
DATE RECEIVED BY LOCAL REGISTRAR SEP 10 1953		REGISTRAR'S SIGNATURE Clayton O. Wilson	
25. FUNERAL DIRECTOR Clayton O. Wilson		ADDRESS 1100 Blandly Ave	

502 37

THE UNIVERSITY OF CHICAGO
LIBRARY

846 61



P-350

3 8133

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8133
Registered No.

IRTH NO.

NAME OF DECEASED
(Type or Print)

HARRY J. PEYTON SR.

2. DATE
OF
DEATH

9/8/53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or
OSPITAL OR location)
INSTITUTION

3520 N. Hilton St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

1117 Wedgewood Rd.

Length of stay in Baltimore
Yrs.
Mos.
DaysSEX 6. COLOR OR RACE 7. SINGLE, MARRIED,
M W WIDOWED, DIVORCED (Specify)8. DATE OF BIRTH 9. AGE (In years
last birthday) 10. KIND OF BUSINESS OR
Industry11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
WHAT COUNTRY?13. FATHER'S NAME
*****14. MOTHER'S MAIDEN NAME
*****15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
Yes WW 1 213-14-245917. INFORMANT ADDRESS Rd.
Harry J. Peyton Jr. 1117 Wedgewood18. CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office hldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1949, to 9/8/53, 19, that I last saw the
deceased alive on Jan 9, 1953, and that death occurred at 2:30 P.m., from the causes and on the date stated above.23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED
M. D. 2220 Garrison Blvd Sep 10/5324A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
ON, REMOVAL (Specify) 9/10/53 Baltimore National Baltimore Maryland25. FUNERAL DIRECTOR ADDRESS
CHARLES F. EVANS & SON
118 W. Mt. Royal Ave.26. DATE RECEIVED BY 27. REGISTRAR'S SIGNATURE
LOCAL REGISTRAR

W. S. Niblett
2220 Garrison Blvd.

BALTIMORE THE HEALTH DEPARTMENT

CERTIFICATE OF DEATH

525
8134

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8134

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Ethel Johnson		9-9-53	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. FULL NAME OF (If not in hospital or institution, give street address or location) Provident Hospital		A. STATE Maryland B. COUNTY	
c. Length of stay in Baltimore 14 yrs.		C. CITY OR TOWN (If outside corporate limits, write R.R. and give township) Baltimore	
d. Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 875 W. Fairmount Ave.	
5. SEX Female	6. COLOR OR RACE ed	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH Sept. 13, 1903
9. AGE (In years last birthday) 49		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
11. BIRTHPLACE (State or foreign country) Va		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Sam Epps		14. MOTHER'S MAIDEN NAME Catherine Freat	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO NO		16. SOCIAL SECURITY NO.	
17. INFORMANT DANIEL D. STIMPSON (F)		ADDRESS 875 FAIRMOUNT	
18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Congestive Heart Failure ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive Cardio Vascular Disease II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		19. DATE OF OPERATION 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour)	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug. 5, 1953, to Sept. 8, 1953, that I last saw the deceased alive on Sept. 8, 1953, and that death occurred at 3:45 p.m., from the causes and on the date stated above.			
23A. SIGNATURE George R. Leys		23B. ADDRESS Provident Hospital	
23C. DATE SIGNED 9-9-53		23D. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 9/12/53	
24C. NAME OF CEMETERY OR CREMATORY MT. AUBURN CEMETERY		24D. LOCATION (City, town, or county) (State) BALTO., MD.	
25. FUNERAL DIRECTOR Charles Harper		ADDRESS	
7208A 572 Canoe Row			

1220

83

UNITED STATES OF AMERICA
DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

100-100000

INDEXED

DAVID G. FLETCHER, JR. (AKA)

NO

10

1/1/83
FBI - NEW YORK
RE: DAVID G. FLETCHER, JR. (AKA)

100-100000

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8135
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

WILLIAM PAGEL

2. DATE
OF
DEATH

9/9/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

SINAI HOSPITAL OF BALTO., INC.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

C. Length of stay in Baltimore

5

D. STREET ADDRESS (If rural, give location)

5652 Woodmont Ave

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

8/8/02

9. AGE (In years last birthday)

51

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR INDUSTRY

Government

11. BIRTHPLACE (State or foreign country)

MARYLAND BALTO

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John W. Pagel

14. MOTHER'S MAIDEN NAME

Christine E. Weiss

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

UNKNOWN

16. SOCIAL SECURITY NO.

-

17. INFORMANT

ADDRESS

Mrs Kathryn M. Pagel 5652 Woodmont Ave

18. 581.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

CIRRHOSIS OF THE LIVER

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/11, 1953 to 9/9, 1953 that I last saw the deceased alive on 9/9, 1953, and that death occurred at 3:24 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Stanley B. Gould

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

9/9/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9/12/53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Gen. E. North Ave & Rose St.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Stanley B. Gould

25. FUNERAL DIRECTOR

John J. Cowan & Son 2011 N. St.

ADDRESS

WALLEY
CONGRESS
BOND

FOUR PAC

U. S. A.

T-620

53 8136

IRTH NO.

CERTIFICATE AMENDED 9/16/53 ES
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 53 8136

NAME OF DECEASED (Type or Print) MR. CHARLES GEORGE			2. DATE OF DEATH SEPT. 8, 1953		
PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND (6) 100		
FULL NAME OF HOSPITAL OR INSTITUTION MERCY HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 6, ZONE		
Length of stay in Baltimore LIFE			D. STREET ADDRESS (If rural, give location) 7914 31st.		
SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE (MARRIED) WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH AUGUST 5, 1905		9. AGE (In years last birthday) 48
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STEEL WORKER		10B. KIND OF BUSINESS OR INDUSTRY Rustless Iron Corp	11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME ERNEST GEORGE			14. MOTHER'S MAIDEN NAME MARY SHICK		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Thelma A. George, 7914 31st St 6		
18. 560.3 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) PULMONARY EDEMA DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. PARALYTIC ILEUS DUE TO Abscess of abdominal wall Abdominal ventral hernia			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION SEPT. 1, 1953		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) Sept 8 1953		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8/30/53 , 19 53 , to 9/8/53 , 19 53 , that I last saw the deceased alive on SEPT. 8 , 19 53 , and that death occurred at 7:38 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE Richard Schindler		23B. ADDRESS MERCY HOSPITAL		23C. DATE SIGNED SEPT. 8, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sept 12/53		24C. NAME OF CEMETERY OR CREMATORY Baldwin	
24D. LOCATION (City, town, or county) Baltimore		24E. FUNERAL DIRECTOR Philip Henry Sons		24F. ADDRESS 2024 Calver Ave	

See query reply in Document file.

M-351 8137		CERTIFICATE AMENDED BALTIMORE CITY HEALTH DEPARTMENT 9/16/53		53 8137	
BIRTH NO. _____ NAME OF DECEASED (Type or Print) WILHELM MEDENBACH				2. DATE OF DEATH 9-9-53	
PLACE OF DEATH: Baltimore City, Maryland <i>Church Home + Hospital</i>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____			
FULL NAME OF (If not in hospital or institution, give street address or location) <i>Church Home + Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write R. R. and give township) <i>Baltimore</i>			
Length of stay in Baltimore 30 - Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>5725 Edge Park Road</i>			
SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Nov. 17-1900</i>		9. AGE (In years last birthday) <i>52</i>
10. A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Tool + Log Worker</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Germany</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		14. MOTHER'S MAIDEN NAME <i>Wilhelmina Medenbach</i>		17. INFORMANT ADDRESS <i>Werner to Hermann Medenbach - 5725 Edge</i>	
13. FATHER'S NAME <i>u. Christian Medenbach</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>214-03-4084</i>	
18. 193X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Cordis-Respiratory Failure</i> DUE TO (B) <i>Brain Tumor</i> DUE TO (C) <i>Glioblastoma multiforme, right parietal lobe</i>				INTERVAL BETWEEN ONSET AND DEATH <i>3 weeks</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>9-2-53</i>		19B. MAJOR FINDINGS OF OPERATION <i>Tumor parietal lobe</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>9-1</i> , 1953, to <i>9-9</i> , 1953, that I last saw the deceased alive on <i>9-9</i> , 1953, and that death occurred at _____ m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Pedro S. de Boria</i>		23B. ADDRESS <i>Church Home + Hospital</i>		23C. DATE SIGNED <i>9-9-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>9-13-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Parkwood Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>Balts Md.</i>		25. FUNERAL DIRECTOR <i>Leonard Luck</i>		ADDRESS <i>5305 Ashford</i>	
DATE RECEIVED BY LOCAL REGISTRAR SEP 10 1953		REGISTRAR'S SIGNATURE <i>Walter H. H. H.</i>		26. SIGNATURE OF DECEASED <i>5923L</i>	

See query reply in Document File

M-200

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8138

BIRTH NO. 53 8138 53-11258

1. NAME OF DECEASED (Type or Print) Anthony McCoy		2. DATE OF DEATH 9-8-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION University		C. CITY OR TOWN (If outside corporate limits, write R.R. and give township) Baltimore	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 442 W. Biddle St.	
5. SEX M	6. COLOR OR RACE B	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 6/53
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 3 If Under 1 Year Months: Days If Under 24 Hours Hours Min.
13. FATHER'S NAME Woodrow McCoy		14. MOTHER'S MAIDEN NAME CATHERINE Jones	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT MOTHER		ADDRESS SAME	

18. 571.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Septicemia		INTERVAL BETWEEN ONSET AND DEATH 2 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Decease		7 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 9/8		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 9/4 19 53 , to 9/8 19 53 , that I last saw the deceased alive on 9/8 19 53 , and that death occurred at 3:30 A. M., from the causes and on the date stated above.							
23A. SIGNATURE Raymond J. Bennett				23B. ADDRESS University Hospital		23C. DATE SIGNED 9/9/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9-11-53		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn		24D. LOCATION (City, town, or county) (State) Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Harry H. Williams		25. FUNERAL DIRECTOR Wm. James A. Hendley		ADDRESS 578a Biddle St.	

1218 82

October 1942
1942

1942 82

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1942

F-642

53 8139

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8139
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Wilhelmine Berlach</i>		2. DATE OF DEATH <i>Sept 9th 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>3001 Kenyon Ave</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>Baltor</i>	
8. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>26-03</i>	
5. LENGTH OF STAY IN BALTIMORE <i>30 yrs</i>		D. STREET ADDRESS (If rural, give location) <i>3001 Kenyon Ave</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Nov 27th 1874</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>78</i>
13. FATHER'S NAME <i>John Eberle</i>		11. BIRTHPLACE (State or foreign country) <i>Germany</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME	
17. INFORMANT		ADDRESS	
<i>Eustace Berlach</i>		<i>3001 Kenyon Ave</i>	

18. <i>420.1</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Coronary occlusion</i>	
ANTECEDENT CAUSES	(B) <i>Coronary Sclerosis</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) <i>Arterio Sclerosis Generalized</i>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	<i>Obesity</i>	
	<i>Hypertension - Benign</i>	

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>June 10, 1953</i> , to <i>Sept. 9, 1953</i> , that I last saw the deceased alive on <i>Sept 8, 1953</i> , and that death occurred at <i>4:40 AM</i> , from the causes and on the date stated above.		
23A. SIGNATURE <i>Waller A. Anderson</i>	23B. ADDRESS <i>3001 Shaanon Blvd</i>	23C. DATE SIGNED <i>9/9/53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Sept 12th 1953</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Oak Lawn</i>
24D. LOCATION (City, town, or county) (State) <i>Eastern Ave Road</i>	25. FUNERAL DIRECTOR <i>Leo L. Book</i>	ADDRESS <i>1703 N Patterson Park Ave</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 10 1953</i>		
REGISTRAR'S SIGNATURE <i>W 530</i>		

MEDICAL CERTIFICATION

correct age is especially important.

STATEMENT OF HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1948

~~and~~ Albert

FJ 174393

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8140

53 8140
BIRTH NO.

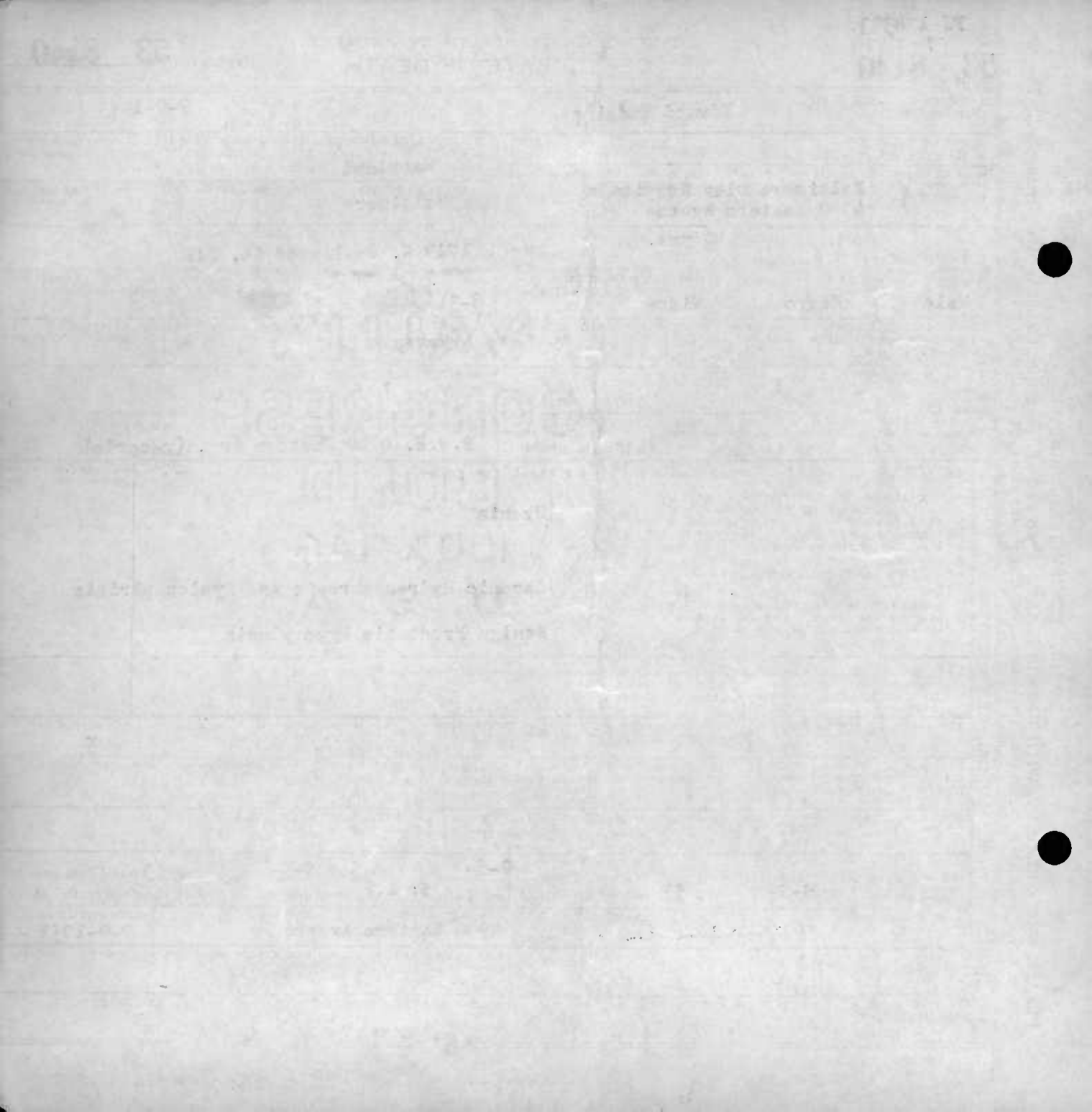
1. NAME OF DECEASED (Type or Print) Edward Hudgins		2. DATE OF DEATH 9-9-1953	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY Baltimore	
b. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 40 yrs.		d. STREET ADDRESS (If rural, give location) 1719 N. Smallwood St. #16	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 8-31-1887
9. AGE (in years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Presser	11. BIRTHPLACE (State or foreign country) Arkansas
12. CITIZEN OF WHAT COUNTRY? ?		13. FATHER'S NAME ?	
14. MOTHER'S MAIDEN NAME ?		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. 215-01-1884		17. INFORMANT ADDRESS B.C.H. 4940 Eastern Ave. (records)	
18. 610X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia DUE TO i ANTECEDENT CAUSES (B) Chronic Hydronephrosis and Pyelonephritis DUE TO (C) Benign Prostatic Hyperplasia			INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 2	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-8- , 19 53 , to 9-9- , 19 53 , that I last saw the deceased alive on 9-9- , 19 53 , and that death occurred at 5: A.m. , from the causes and on the date stated above.			
23A. SIGNATURE H. J. [Signature]		23B. ADDRESS 4940 Eastern Avenue	23C. DATE SIGNED 9-9-1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Sept 13, 1953	24C. NAME OF CEMETERY OR CREMATORY mt Zion	24D. LOCATION (City, town, or county) (State) md
DATE RECEIVED BY LOCAL REGISTRAR SEP 10 1953	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR ADDRESS George H. [Signature]	

VS 150

6904G 1303 Preston St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



W-426

53 8141

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8141

1. NAME OF DECEASED
(Type or Print)

Hazel Walker

2. DATE
OF
DEATH

Sept. 6, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

1229 Bayard St.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laundress

10B. KIND OF BUSINESS OR INDUSTRY

Public

13. FATHER'S NAME

Richard Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

June 7, 1907

9. AGE (In years last birthday)

46

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Accomac Co Va

12. CITIZEN OF WHAT COUNTRY?

USA

14. MOTHER'S MARRIAGE NAME

Martha Walker

17. INFORMANT

Catherine Johnson - Bayard St

ADDRESS 1229

18. 421.4

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Chronic varicella lesions of heart

18 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

none

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1953, to Sept. 6, 1953, that I last saw the deceased alive on Sept 5, 1953 and that death occurred at 9:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

John E. J. Camper

M. D.

23B. ADDRESS

639 N. Carey St. Balto.

23C. DATE SIGNED

9-9-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9/12/1953

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem. Balto.

24D. LOCATION (City, town, or county)

Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

9-5-53

25. FUNERAL DIRECTOR

Mrs. Kate R. Williams

ADDRESS 922

N. Johnson St

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

100-100000-100000



J-620
8142

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8142

Registered No. _____

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Rosie Gross		Sept 6, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Md.	
5. FULL NAME OF HOSPITAL OR INSTITUTION 222 N. Carey St.		C. CITY OR TOWN Baltimore	
6. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 222 N. Carey St.	
7. SEX Female	8. COLOR OR RACE Col.	9. SINGLE, MARRIED, WIDOWER, DIVORCED (Specify) Widow	10. DATE OF BIRTH June 5, 1884
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		12. AGE (In years last birthday) 69	
13. FATHER'S NAME John Sparrow		14. BIRTHPLACE (State or foreign country) West River Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) No		16. CITIZEN OF WHAT COUNTRY? U.S.A.	
17. SOCIAL SECURITY NO.		18. MOTHER'S MAIDEN NAME Joanna Jones	
19. INFORMANT ADDRESS Bertha Lewis W. Sparrow 1118 E. ...			
1A. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) 420.1 I		CAUSE OF DEATH (A) Acute Coronary Occlusion DUE TO	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Cardio Vascular disease DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH 1/2 hr	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug 24, 1953 to Aug 26, 1953 that I last saw the deceased alive on Sept 5, 1953 and that death occurred on Sept 5, 1953 from the causes and on the date stated above.			
23A. SIGNATURE W H - Woots		23B. ADDRESS 5155 Belmont	
23C. DATE SIGNED 9/9/53			
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 9/10/1953	24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary Am	24D. LOCATION (City, town, or county) (State) Cedar Hill Md.
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR Mrs. Katie R. Williams	ADDRESS 322 N. Schroeder St.

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

1911

3.

WILLIAM
CONRAD

P-660
53 8143BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8143

1. NAME OF DECEASED (Type or Print) <i>Ralph J. Pryor</i>		2. DATE OF DEATH <i>Sept. 7, 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>MD.</i> B. COUNTY <i>14-03</i>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION <i>537 Bloom St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i>	
6. Length of stay in Baltimore Yrs. <i>0</i> Mos. <i>0</i> Days <i>0</i>		D. STREET ADDRESS (If rural, give location) <i>537 Bloom St.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Sept. 25, 1884</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Track Walker</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>P.C. R.R.</i>	9. AGE (In years last birthday) <i>68</i>
11. BIRTHPLACE (State or foreign country) <i>Northumberland Co. Pa. U. S. A.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13. FATHER'S NAME <i>Ralph J. Pryor Sr.</i>		14. MOTHER'S MAIDEN NAME <i>Annie Craig</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war & dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Maggie Pryor</i>
18. <i>177x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Adenocarcinoma of prostate with metastases</i>		ADDRESS <i>537 Bloom St.</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>1948</i>		19B. MAJOR FINDINGS OF OPERATION <i>Adenocarcinoma of prostate</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>10:10 p.m.</i>	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from <i>April 20, 1953</i> , to <i>September 7, 1953</i> , that I last saw the deceased alive on <i>Sept. 7, 1953</i> , and that death occurred at <i>10:10 p.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>C. R. Smithell</i>		23B. ADDRESS <i>718 Josephine St.</i>	
23C. DATE SIGNED <i>9-9-53</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>9/10/1953</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>W. T. Ashmun Ave.</i>		24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR <i>Mrs. Katy R. Williams</i>	
REGISTRAR'S SIGNATURE		ADDRESS <i>Schroeder St.</i>	

MINNESOTA STATE DEPARTMENT
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of informant		12. Signature of funeral director	
13. Signature of coroner		14. Signature of jury		15. Signature of witnesses	
16. Signature of undertaker		17. Signature of cemetery		18. Signature of burial place	
19. Signature of interment		20. Signature of burial		21. Signature of burial	
22. Signature of burial		23. Signature of burial		24. Signature of burial	
25. Signature of burial		26. Signature of burial		27. Signature of burial	
28. Signature of burial		29. Signature of burial		30. Signature of burial	
31. Signature of burial		32. Signature of burial		33. Signature of burial	
34. Signature of burial		35. Signature of burial		36. Signature of burial	
37. Signature of burial		38. Signature of burial		39. Signature of burial	
40. Signature of burial		41. Signature of burial		42. Signature of burial	
43. Signature of burial		44. Signature of burial		45. Signature of burial	
46. Signature of burial		47. Signature of burial		48. Signature of burial	
49. Signature of burial		50. Signature of burial		51. Signature of burial	
52. Signature of burial		53. Signature of burial		54. Signature of burial	
55. Signature of burial		56. Signature of burial		57. Signature of burial	
58. Signature of burial		59. Signature of burial		60. Signature of burial	
61. Signature of burial		62. Signature of burial		63. Signature of burial	
64. Signature of burial		65. Signature of burial		66. Signature of burial	
67. Signature of burial		68. Signature of burial		69. Signature of burial	
70. Signature of burial		71. Signature of burial		72. Signature of burial	
73. Signature of burial		74. Signature of burial		75. Signature of burial	
76. Signature of burial		77. Signature of burial		78. Signature of burial	
79. Signature of burial		80. Signature of burial		81. Signature of burial	
82. Signature of burial		83. Signature of burial		84. Signature of burial	
85. Signature of burial		86. Signature of burial		87. Signature of burial	
88. Signature of burial		89. Signature of burial		90. Signature of burial	
91. Signature of burial		92. Signature of burial		93. Signature of burial	
94. Signature of burial		95. Signature of burial		96. Signature of burial	
97. Signature of burial		98. Signature of burial		99. Signature of burial	
100. Signature of burial		101. Signature of burial		102. Signature of burial	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8144

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELIZABETH CLAYBORN

2. DATE
OF
DEATH

9/6/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1036 W. Saratoga St

Yrs.

Mos.

Days

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balt

D. STREET ADDRESS (If rural, give location)

1000 W. Saratoga St

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. E 900.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Subdural Hemorrhage
and

ANTECEDENT CAUSES

(B)

CONTUSION OF BRAIN

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21a. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. F. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
9-6-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF GEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1918

CERTIFICATE OF DEATH

IN THE

STATE OF

1918

CERTIFICATE OF DEATH

1918

1918

1918

1918

1918

1918

1918

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 8145**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

THOMAS BELL

2. DATE OF DEATH
Sept. 7, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

South Baltimore General Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

753 Dover Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

12/23/45

9. AGE (In years last birthday)

7 yrs.

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Student

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James E. Bell

14. MOTHER'S MAIDEN NAME

Ella Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Ella Bell 753 Dover St.

18. E929.8

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Drowning

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

harbor

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Light and Lee Sts.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

September 7, 1953

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

7:00 P.M.

21F. HOW DID INJURY OCCUR? Playing with other children when he fell into water

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23. SIGNATURE

Joseph A. Jashinsky Jr.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Sept. 8, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9/11/1953

24C. NAME OF CEMETERY OR CREMATORY

St. Ambrose Cem.

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

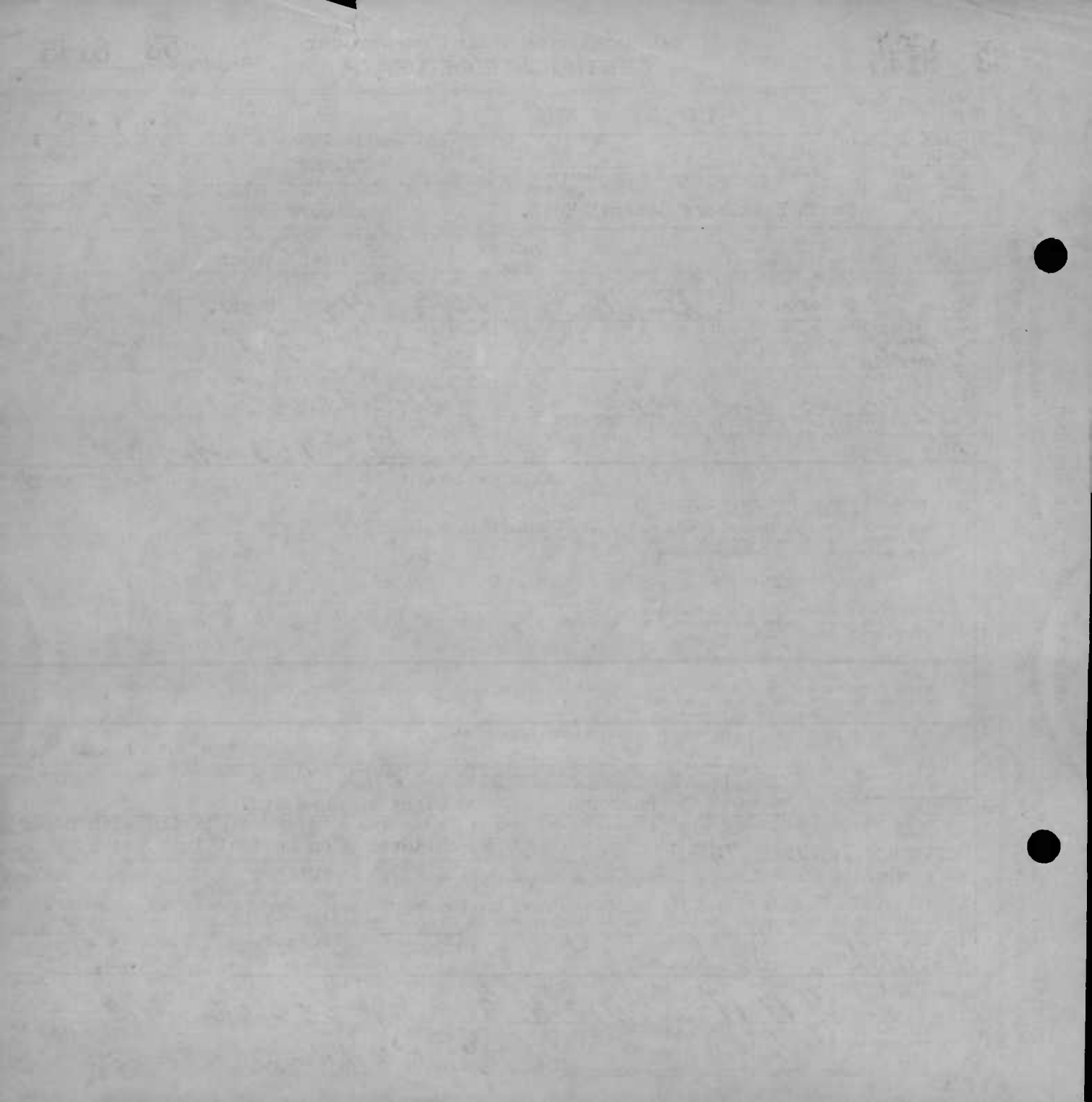
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Mrs. Katie Williams Schroeder St.

V S 151 1990X



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 8146

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIS, GEORGE A

2. DATE
OF
DEATH

9/7/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

UNIVERSITY HOSP.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto.

18-01

D. STREET ADDRESS (If rural, give location)

917 W. Fayette St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

C

6. COLOR OR RACE

m

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 13, 1910

9. AGE (in years
last birthday)

42

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

D.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Herbert Willis

14. MOTHER'S MAIDEN NAME

Lizzie Simmons

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

W.W.II

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Beatrice Willis W. Fayette St.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Hypertensive Heart
DISEASE

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

J. R. Fisher

23B. CHIEF MEDICAL EXAMINER ☒ 23C. DATE SIGNED
ASSISTANT MEDICAL EXAMINER ☐ 9-7-53
M.D. MEDICAL INVESTIGATOR ☐24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

24A. Burial

9/11/1953

Balto. National

Balto

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 10 1953

Mrs. Kate R. Williams Schroeder St.

58 8110

CERTIFICATE OF DEATH

8110



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8147

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

VYTAWTAS RUDAVICIUS

2. DATE
OF
DEATH

9/6/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNIVERSITY HOSP

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore Maryland

D. STREET ADDRESS (If rural, give location)

832 Hollins St. 18-03

c. Length of stay in Baltimore

8

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1909 44

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days
11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Dye Shop

10B. KIND OF BUSINESS OR
INDUSTRY

Hat manuf.

11. BIRTHPLACE (State or foreign country)

Lithuania

12. CITIZEN OF
WHAT COUNTRY?

Lith

13. FATHER'S NAME

U.

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Jadwiga Rudavicius Same.

18. E974X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Asphyxia due to
Ligature STRANGULATION

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

832 Hollins ST

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

9 6 53 A.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

STRANGLED SELF WITH cord

22. I certify that I took charge of the remains described above, held an AUTOPSY thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

RBF Fisher

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
9-7-5324A. BURIAL, CREMA-
TION REMOVAL (Specify)

Burial

24B. DATE

Sept 10, 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem

24D. LOCATION (City, town, or county)

Balto.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24E. FUNERAL DIRECTOR

ADDRESS

Pro. W. Kachanow 703 McKim St

VS 151

N991X

6344F

1915

CERTIFICATE OF DEATH

1915

State of Illinois

County of Cook

City of Chicago

On this day of

1915

at the residence of

of the County of Cook

State of Illinois

1915

1915

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 8148
Registered No. _____

IRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Margaret E. Steynog</i>		2. DATE OF DEATH <i>9/8/53.</i>	
3. PLACE OF DEATH: Baltimore City, Maryland <i>1407 William St</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>Baltimore</i>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Life</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
6. LENGTH OF STAY IN BALTIMORE <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>1407 William St</i>	
7. SEX <i>F</i>	8. COLOR OR RACE <i>M.</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widow</i>	10. DATE OF BIRTH <i>2/8/1866</i>
11. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>Laundry</i>		12. AGE (In years last birthday) <i>85</i>	
13. FATHER'S NAME <i>James Pettis</i>		14. BIRTHPLACE (State or foreign country) <i>Baltimore Md</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
17. SOCIAL SECURITY NO.		18. MOTHER'S MAIDEN NAME <i>Margaret Gallagher.</i>	
19. INFORMANT <i>Mr Jno Garland Lane</i>		ADDRESS	

18. <i>450.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH <i>Chronic Endocarditis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>6 mos.</i>	
ANTECEDENT CAUSES		(A) DUE TO <i>- Arterio Sclerosis</i>		<i>1 yr.</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <i>9/11/53</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Jan 6</i> , 19 <i>53</i> , to <i>9/8</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>9/7</i> , 19 <i>53</i> , and that death occurred at <i>m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>J. J. Foley</i>		23B. ADDRESS <i>1379 William St</i>		23C. DATE SIGNED <i>9/8/53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24B. DATE <i>9/11/53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Catharine</i>	
24D. LOCATION (City, town, or county) <i>Jefferson</i>		24E. LOCATION (City, town, or county) <i>Jefferson</i>		24F. LOCATION (City, town, or county) <i>Jefferson</i>	
25. FUNERAL RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>J. J. Foley</i>		25. FUNERAL DIRECTOR ADDRESS <i>J. J. Foley & Sons</i>	

8-18

WILLIAM C. WEAVER
CERTIFICATE OF DEATH

WILLIAM C. WEAVER

1880-1960

13-600
53 8149

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8149
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rev. John Mario Barra

2. DATE
OF
DEATH

9-9-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1000 Coton Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

Hyattsville

B. FULL NAME OF HOSPITAL OR INSTITUTION

St. Agnes Memorial Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

2-6-44

C. Length of stay in Baltimore

65 yrs

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

4310 Madison St.

5. SEX

m.

6. COLOR OR RACE

w.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9. AGE (In years last birthday)

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

90 yrs

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Catholic Priest

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Not Known

14. MOTHER'S MAIDEN NAME

Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

Yes, no or unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Rev. John D. Maxkeo, C.S.S.T.

18. 492x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Bilateral basilar pneumonia

DUE TO

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Generalized arteriosclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/1 1953, to 9/9/53, 1953, that I last saw the deceased alive on 9/8/53, 1953, and that death occurred at 12:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Donald A. Wolff

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

9-9-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9/11/53

24C. NAME OF CEMETERY OR CREMATORY

Catharine

24D. LOCATION (City, town, or county)

Old Frederick Rd

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

8-9-53 J. J. Foley & Sons

0118 84

RECEIVED BY THE DIRECTOR
OFFICE OF THE DIRECTOR
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

0118 84

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Russell Clem MILLER

2. DATE
OF
DEATH

Sept. 8, 53.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE **Union Memorial Hospital**

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE **Maryland** B. COUNTY _____

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore, 18.

D. STREET ADDRESS (If rural, give location)

1536 Lochwood Road.

E. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

Dec. 31, 1885

9. AGE (In years last birthday)

67

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
husband's agent BARDON

10B. KIND OF BUSINESS OR INDUSTRY
B. and O. R. R.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?
U. S. A.

13. FATHER'S NAME

Winfield Taylor Miller

14. MOTHER'S MAIDEN NAME

Susan Clem

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Laura L. Miller - 1536 Lochwood Rd.

18. **231X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Cerebro-vascular accident.**

10 days.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐
WORK

NOT WHILE ☐
AT WORK

22. I hereby certify that I attended the deceased from **Aug. 30, 1953, to Sept. 8, 1953**, that I last saw the deceased alive on **Sept. 8, 1953**, and that death occurred at **6.5 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

H. M. Rowson.

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

Sept. 8

M. O.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

9/11/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cem.

24D. LOCATION (City, town, or county)

Frederick, Md.

(State)

25. DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Dickner & Sons - Bkts. 17

VS 150

290 50

0410

0410

RECEIVED
OFFICE OF THE
DIRECTOR

0410

0410

TO: DIRECTOR, FBI
FROM: SAC, NEW YORK
SUBJECT: [Illegible]

RE: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

53 8152

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 8152

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY Grace Hull

2. DATE
OF
DEATH

Sept. 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Hospital for the Women of Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1010 St. Paul street

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

July 14, 1868

9. AGE (In years
last birthday)

85

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Patrick H. Coyle

14. MOTHER'S MAIDEN NAME

Mary J. Haggerty

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Margaret E. Coyle

ADDRESS

1010 St Paul street.

18. 181X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Anaplasia

DUE TO

(C)

Kachening anemia secondary

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

Carcinoma of bladder, treated.

19A. DATE OF OPERATION

0

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 21, 1952, to Sept 10, 1953, that I last saw the deceased alive on Sept. 10, 1953, and that death occurred at 6:04 p.m., from the causes and on the date stated above.

23A. SIGNATURE

F. M. Zergany

M. D.

23B. ADDRESS

Romeus Hospital

23C. DATE SIGNED

9-10-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept 12, 53

24C. NAME OF CEMETERY OR CREMATORY

Greenwood Cemetery

24D. LOCATION (City, town, or county)

Brooklyn - New York

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

William Cook Inc.

ADDRESS

1274 H. Paul st.

1. The first of these is the fact that the
the first of these is the fact that the

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53 8153
Registered No.

53 8153
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Matthew Angervine</i>		2. DATE OF DEATH <i>Sept-10-1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Halsted 5</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Catonsville</i>	
c. Length of stay in Baltimore <i>4 mo</i>		D. STREET ADDRESS (If rural, give location) <i>11 Arthur Ave 5353</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>9-17-93</i>
10A. USUAL OCCUPATION (Give kind of work, none, giving most of working life, even if retired) <i>Retired - Central Bk, Arlington Va.</i>		11. BIRTHPLACE (State or foreign country) <i>New York</i>	
13. FATHER'S NAME <i>Charles Angervine</i>		12. CITIZEN OF WHAT COUNTRY? <i>Yes</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>yes World War 1</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

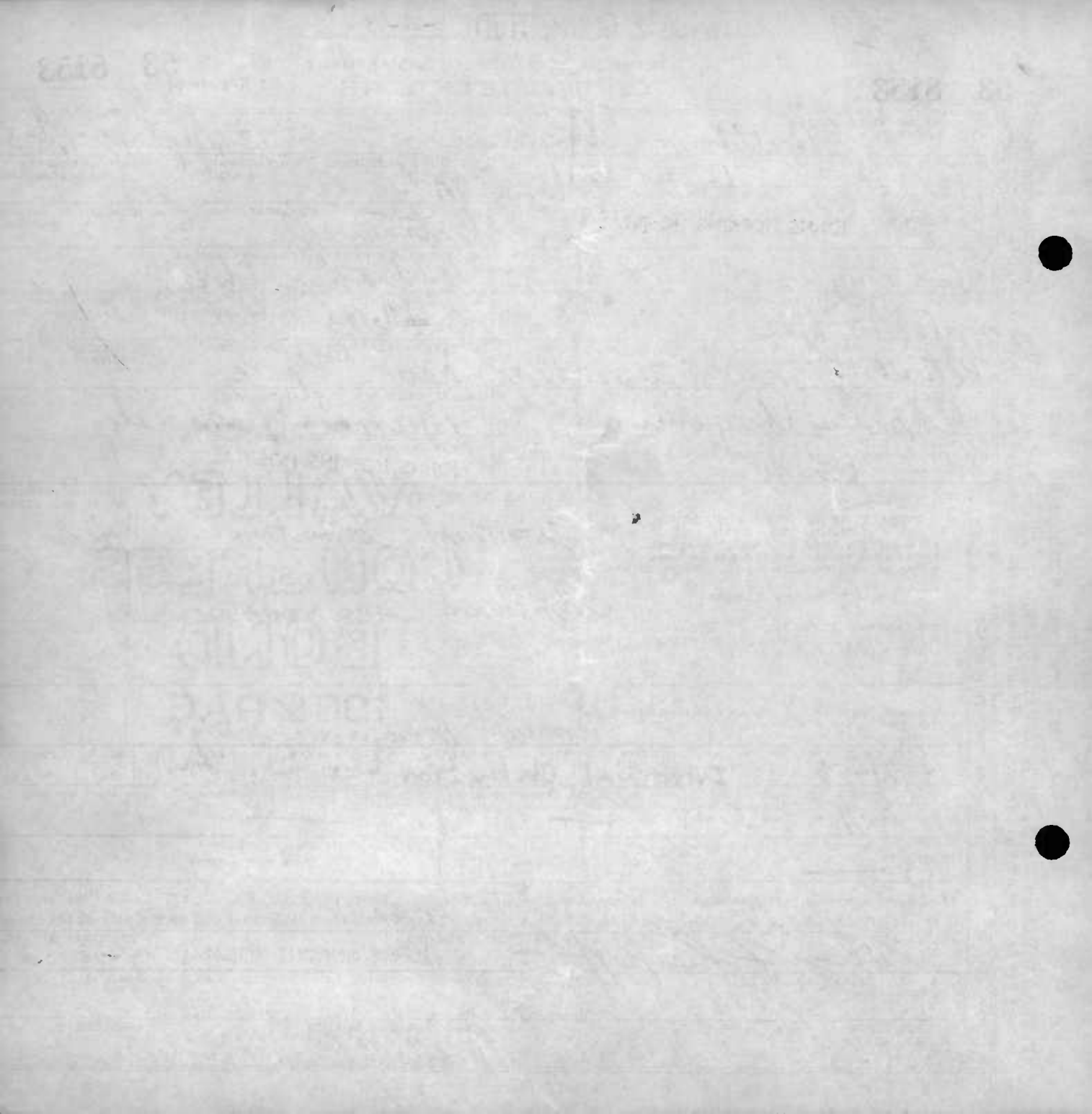
18. <i>158X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Intestinal Obstruction</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>40 days</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Peritoneal Carcinomatosis</i> DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Terminal Broncho-pneumonia</i>		

19A. DATE OF OPERATION <i>8-21-53</i>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <i>Intestinal Obstruction</i>	19. OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) <i>No</i>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *8-21-1953*, to *9-10-1953*, that I last saw the deceased alive on *9-10-1953*, and that death occurred at *8:30 AM.*, from the causes and on the date stated above.

23A. SIGNATURE <i>William F. Kenley</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>9-10-53</i>
--	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24B. DATE <i>Sept. 11/53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Arlington Natl. Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Arlington Va.</i>
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <i>Thurston</i>	25. FUNERAL DIRECTOR <i>Mr. Brach 9004 Chester St</i>	ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 8154

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MELINDA

STEWART

2. DATE
OF DEATH Sept. 7, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balti. City

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2022 Rayner Avenue

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Jan. 1, 1938

9. AGE (In years,

last birthday)

15

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Cummins Co. Md

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Wm. Harwood

14. MOTHER'S MAIDEN NAME

Mary Harwood

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Wesac. Portne 2022 Rayner Ave18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Joseph A. Jachimczyk23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☒23C. DATE SIGNED Sept. 8, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9/16/53

24C. NAME OF CEMETERY OR CREMATORY

mt Calvary Cmn.

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

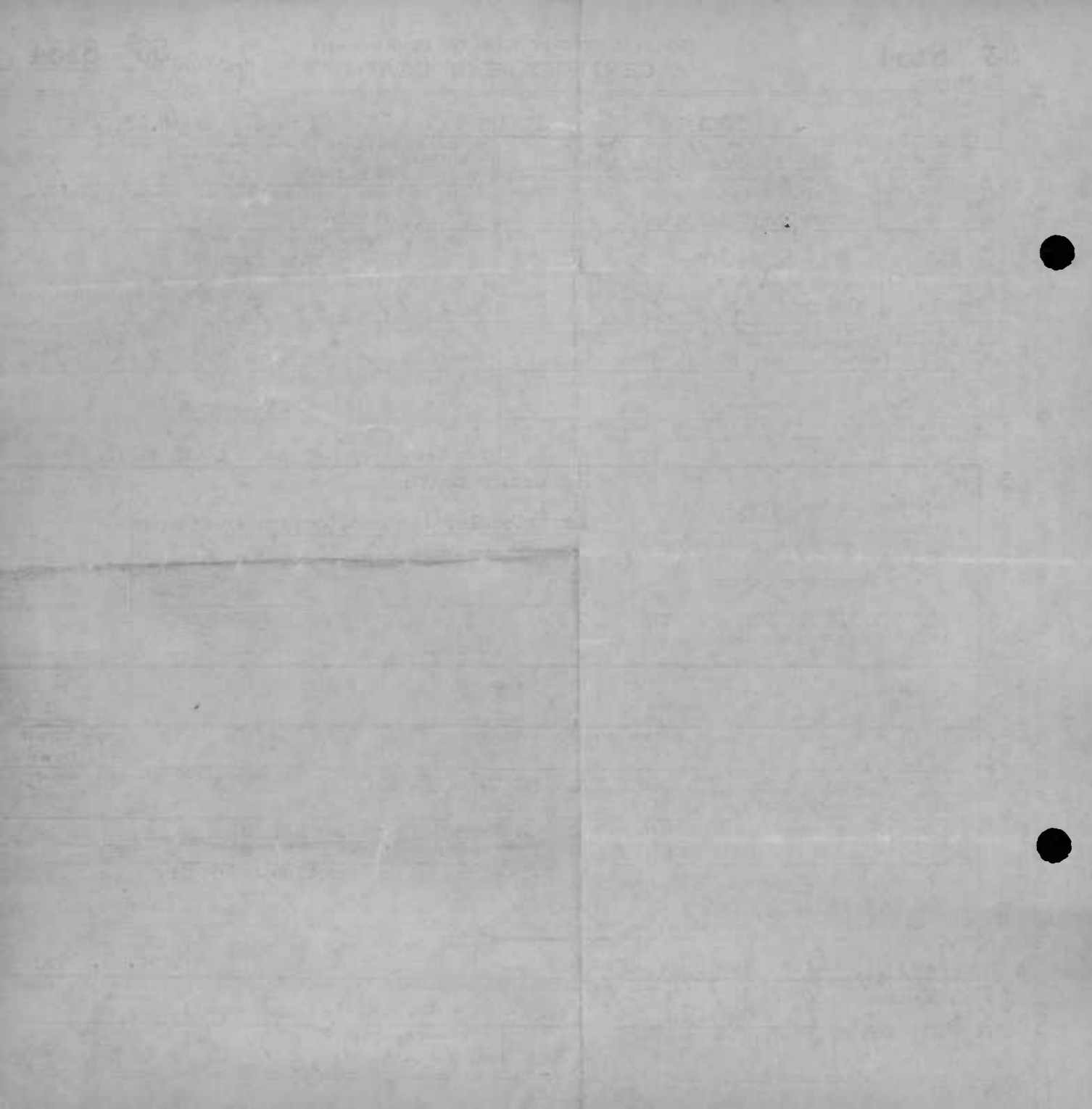
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Elmer S. Wilson, 1000 Bunker



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8155

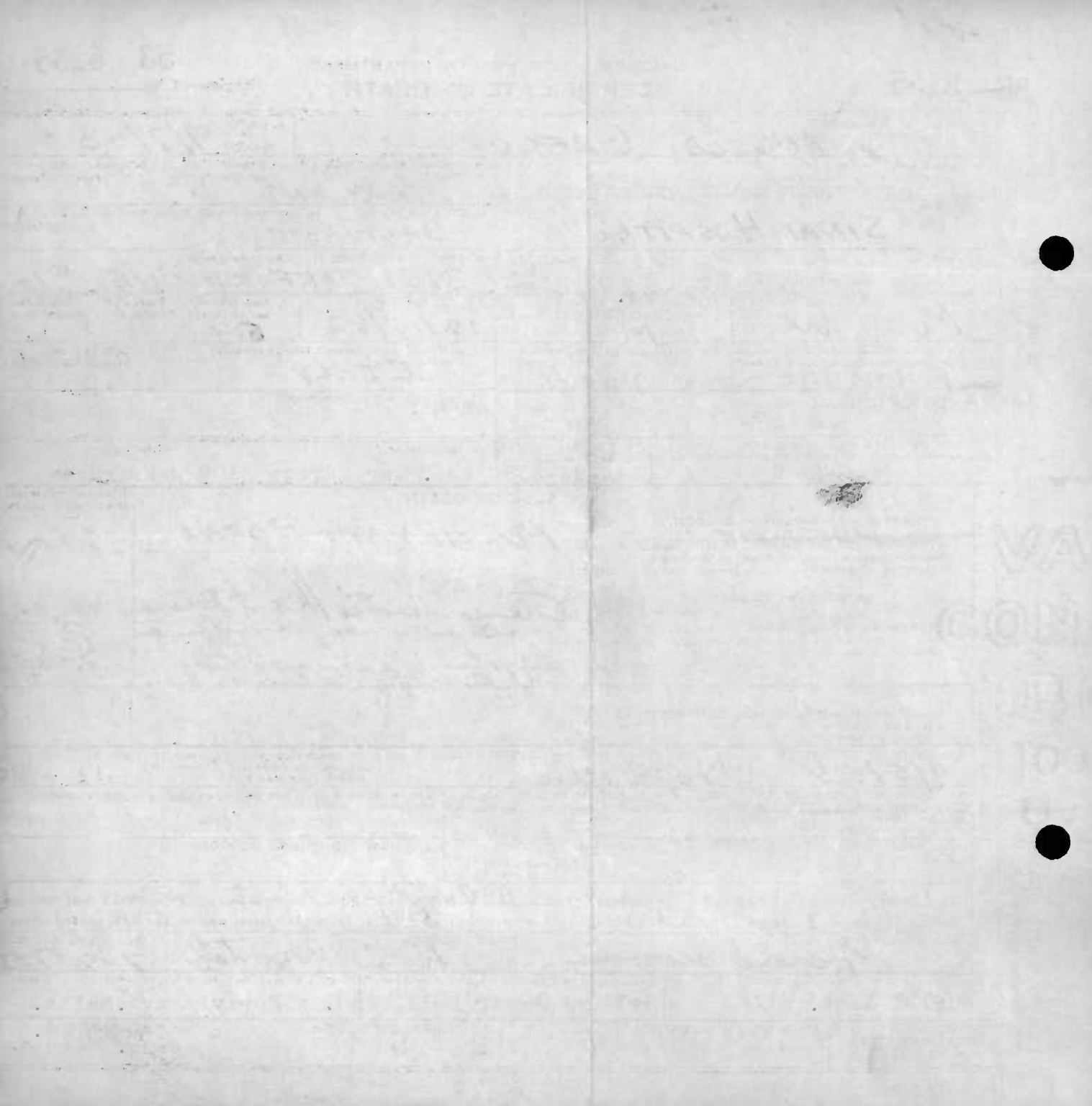
Registered No. _____

BIRTH NO. 53 8155

1. NAME OF DECEASED (Type or Print) ANGELO GRECO		2. DATE OF DEATH 9/7/53	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE MARYLAND b. COUNTY _____	
b. FULL NAME OF HOSPITAL OR INSTITUTION SINAI HOSPITAL		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		d. STREET ADDRESS (If rural, give location) 3109 OAKFORD AVE #15	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 12/15/83
9. AGE (In years, last birthday) 69		10. Under 1 Year: Months _____ Days _____ 11. Under 24 Hours: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FURNITURE		10b. KIND OF BUSINESS OR INDUSTRY Wood Finisher	
11. BIRTHPLACE (State or foreign country) ITALY		12. CITIZEN OF WHAT COUNTRY? Italy	
13. FATHER'S NAME Joseph Greco		14. MOTHER'S MAIDEN NAME Anna ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 212-63-5580	
17. INFORMANT Mrs. Mary Greco		ADDRESS 3109 Oakford Ave	

18. 540.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) PULMONARY EDEMA DUE TO Anteriodisrotic Heart Disease with coronary insufficiency Peptic Ulcer - with obstruction & hemorrhage DUE TO 3 weeks (acute)		INTERVAL BETWEEN ONSET AND DEATH 2 hours
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 9/5/53		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Peptic Ulcer		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 23 August 1953 to 7 Sept. , 1953 that I last saw the deceased alive on 7 Sept. , 1953, and that death occurred at 5:50 P.m. , from the causes and on the date stated above.							
23A. SIGNATURE Harold Susana		23B. ADDRESS Sinai Hospital		23C. DATE SIGNED 7 Sept 1953			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE Burial Sept. 11/53		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Belair Rd. & Moravia Ave. Balto.		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR [Signature]		ADDRESS Md. 322 S. High St.	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. 53 8156

BIRTH NO.

 1. NAME OF DECEASED
(Type or Print)

COZY

SMITH

 2. DATE OF DEATH September 8, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

 A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

26 Albermarle Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1728 Presbury St.

c. Length of stay in Baltimore

 Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

May 10 - 1903

9. AGE (In years last birthday)

50

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Labour

11. BIRTHPLACE (State or foreign country)

Richmond Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Austin Smith

14. MOTHER'S MAIDEN NAME

Ada Button

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

Peroy Smith 1728 Presbury St.

 18. 490x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

 (A) Lobar pneumonia, left upper lobe

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

 II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

 YES ☒ NO ☐

 21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

 WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

 22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William R. Williams

 23B. CHIEF MEDICAL EXAMINER.....☐
M.D. ASSISTANT MEDICAL EXAMINER.....☒
MEDICAL INVESTIGATOR.....☐

 23C. DATE SIGNED Sept. 9, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

9/10/53

24C. NAME OF CEMETERY OR CREMATORY

mt auburn cmt Balt. Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Mrs Kate R. Williams

VS 151 js

97099

1728 Barclay

130
53 8157

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8157
Registered No.

1. NAME OF DECEASED (Type or Print) <i>William Robert Eritt</i>		2. DATE OF DEATH <i>Sept 9, 1953</i>	
3. PLACE OF DEATH: Baltimore City, Maryland <i>505 Woodside</i>		4. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Baltimore</i>	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <i>at home</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 28-04</i>	
6. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>505 Woodside Rd</i>	
7. SEX <i>Male</i>	8. COLOR OR RACE <i>White</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	10. DATE OF BIRTH <i>Nov-28-1870</i>
11. AGE (In years last birthday) <i>82</i>	12. If Under 1 Year Months: Days Hours: Min. <i>- - -</i>	13. If Under 24 Hours Months: Days Hours: Min. <i>- - -</i>	14. BIRTHPLACE (State or foreign country) <i>Baltimore Md.</i>
15. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		16. MOTHER'S MAIDEN NAME	
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>		18. SOCIAL SECURITY NO.	
19. INFORMANT <i>Wm. Robert Eritt</i>		ADDRESS <i>505 Woodside</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>June</i> , 19 <i>52</i> , to <i>Sept 9</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>9-7-</i> , 19 <i>53</i> , and that death occurred at <i>11:25</i> pm., from the causes and on the date stated above.			
23a. SIGNATURE <i>Martin L. Lunsford M.D.</i>		23b. ADDRESS <i>11 E Chest St</i>	
23c. DATE SIGNED <i>9/10/53</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24b. DATE <i>Sept 12/53</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Louisa Park</i>		24d. LOCATION (City, town, or county) (State) <i>Baltimore</i>	
25. FUNERAL DIRECTOR <i>Stewart Morris</i>		ADDRESS <i>108 W North Ave</i>	

CERTIFICATE OF DEATH

Block 12

DATE

TIME

PLACE

CAUSE

AGE

SEX

RACE

RELIGION

EDUCATION

OCCUPATION

RESIDENCE

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

RACE

RELIGION

EDUCATION

OCCUPATION

RESIDENCE

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

RACE

RELIGION

EDUCATION

OCCUPATION

RESIDENCE

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

RACE

RELIGION

EDUCATION

OCCUPATION

RESIDENCE

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

RACE

RELIGION

EDUCATION

OCCUPATION

RESIDENCE

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

RACE

RELIGION

EDUCATION

OCCUPATION

RESIDENCE

53 8158

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8158
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

2. PLACE OF DEATH:

3. FULL NAME OF

HOSPITAL OR
INSTITUTION

4. Length of stay in Baltimore

5. SEX

6. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

7. FATHER'S NAME

8. WAS DECEASED EVER IN U.S. ARMED FORCES?
(If yes, give year or dates of service)

9. YES

10. W.W.I

11. SOCIAL
SECURITY NO.

12. NO

13. DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.14. OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

15. DATE OF OPERATION

16. MAJOR FINDINGS OF OPERATION

17. AUTOPSY?

YES ☐ NO ☐18. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH19. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)20. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21. TIME (Month) (Day) (Year) (Hour)
OF INJURY

22. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

23. HOW DID INJURY OCCUR?

24. I hereby certify that I attended the deceased from 1948, to Sept 1953, that I last saw the
deceased alive on Sept 10, 1953, and that death occurred at 7 P.M., from the causes and on the date stated above.

25. SIGNATURE

26. ADDRESS

27. DATE, SIGNED

28. BURIAL, CREMA-
TION, REMOVAL (Specify)

29. DATE

30. NAME OF CEMETERY OR CREMATORY

31. LOCATION (City, town, or county)

(State)

32. DATE RECEIVED BY
LOCAL REGISTRAR

33. REGISTRAR'S SIGNATURE

34. FUNERAL DIRECTOR

35. ADDRESS

G-360
53 8159BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8159
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BESSIE E. GAITHER

2. DATE
OF
DEATH SEPT:8:1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

502 East Lynn Street

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

Baltimore City

20-05

D. STREET ADDRESS (If rural, give location)

502 East Lynn Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Apr:19:1902

9. AGE (In years
last birthday)

51

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Baltimore Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Henry Koehler

14. MOTHER'S MAIDEN NAME

Grace E. Bond

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No.

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Elmer L. Gaither.. 502 E. Lynn St

18. 171X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Carcinoma of the cervix
with generalized metastasis

6 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1952, to Sept. 1953, that I last saw the
deceased alive on Sept 5, 1953, and that death occurred at 3:45 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Sept:11:53

Loudon Park Cemetery

Baltimore Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

F.B. Wippert & Son 1300 Eutaw Pl. 17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0510 85

0510 85

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8160

BIRTH NO. 53 8160 *Don Res.*

1. NAME OF DECEASED (Type or Print) *George M. Claypool*

2. DATE OF DEATH *Sept 10, 1953*

3. PLACE OF DEATH:
A. Baltimore City, Maryland *Pat. H. L. H. 4 E.*
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) *JOHNS HOPKINS HOSPITAL*

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE *W. Va.*
B. COUNTY *V-45*

5. CITY OR TOWN (If outside corporate limits, write RURAL and give township) *Mabscot*

6. STREET ADDRESS (If rural, give location)

7. Length of stay in Baltimore *33* Yrs. Mos. Days

8. SEX *Male*

9. COLOR OR RACE *White*

10. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *Infant*

11. DATE OF BIRTH *2-26-53*

12. AGE (In years last birthday) *6* Months Days Hours Min.

13. BIRTHPLACE (State or foreign country) *W. Va.*

14. CITIZEN OF WHAT COUNTRY?

15. FATHER'S NAME *Weldon Claypool*

16. MOTHER'S MAIDEN NAME *Reba Shrewsbury*

17. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

18. SOCIAL SECURITY NO.

19. INFORMANT ADDRESS *JOHNS HOPKINS HOSPITAL*

20. CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) *congenital heart disease*
DUE TO
INTERVAL BETWEEN ONSET AND DEATH *5 mos.*
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO
(C) *surgery: anastomosis of subclavian to pulmonary artery*

21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

22. DATE OF OPERATION *9-10-53*

23. CONDITION FOR WHICH OPERATION WAS PERFORMED *congenital heart disease*

24. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

25. AUTOPSY? YES ☒ NO ☐

26. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

27. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

28. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

29. TIME (Month) (Day) (Year) (Hour) OF INJURY

30. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

31. HOW DID INJURY OCCUR?

32. I hereby certify that I attended the deceased from *9-8-*, 19*53*, to *9-10-*, 19*53*, that I last saw the deceased alive on *9-10-*, 19*53*, and that death occurred at *2:00 p.m.*, from the causes and on the date stated above.

33. SIGNATURE *Frank Cole Spenser* M. D.

34. ADDRESS *JOHNS HOPKINS HOSPITAL*

35. DATE SIGNED *9-10-53*

36. BURIAL, CREMATION, REMOVAL (Specify) *Burial*

37. DATE *9-13-53*

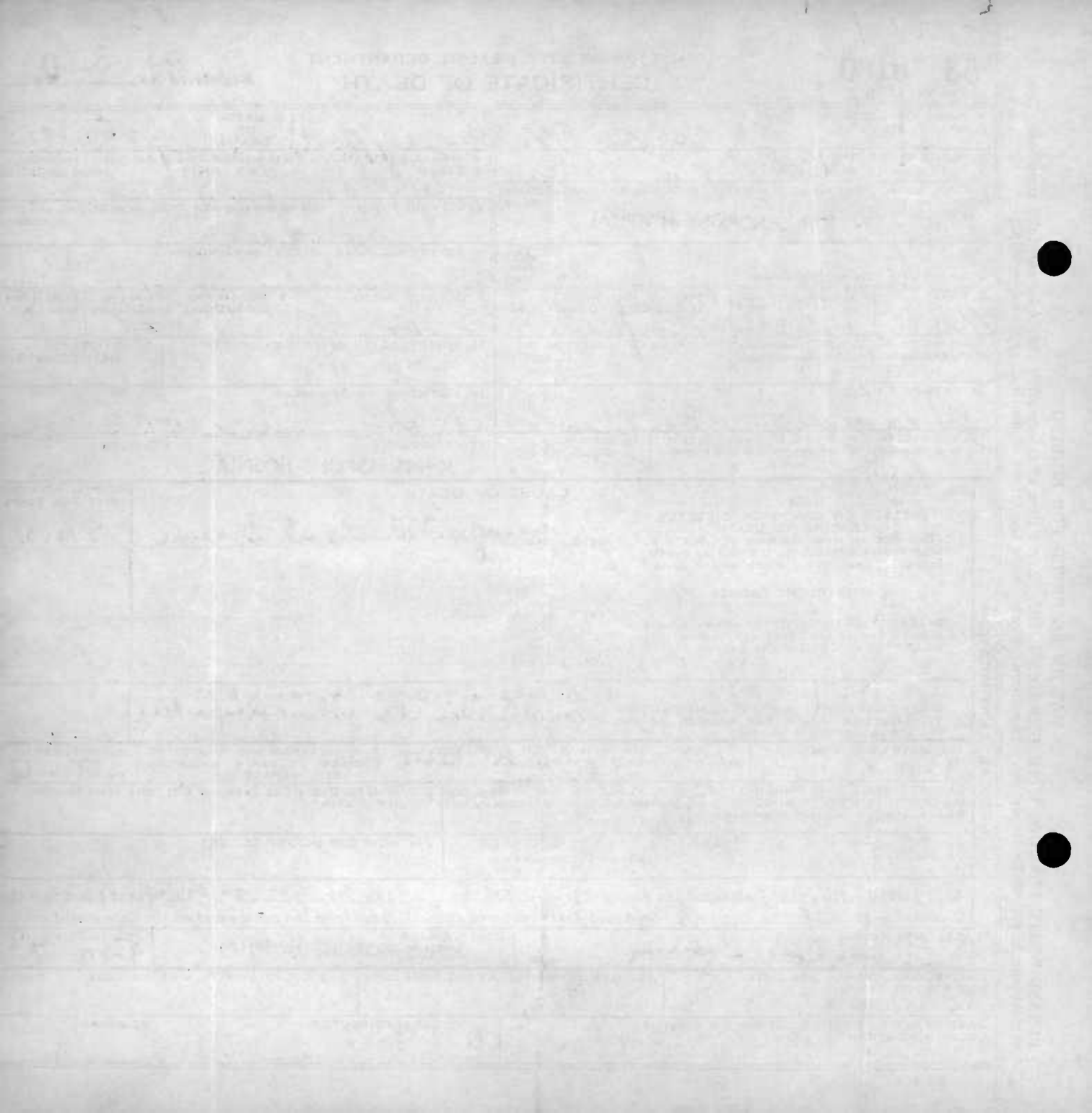
38. NAME OF CEMETERY OR CREMATORY *Beckley*

39. LOCATION (City, town, or county) (State) *Beckley W. Va.*

40. DATE RECEIVED BY LOCAL REGISTRAR

41. REGISTRAR'S SIGNATURE *Huntington*

42. FUNERAL DIRECTOR ADDRESS *2503 E. Madison*

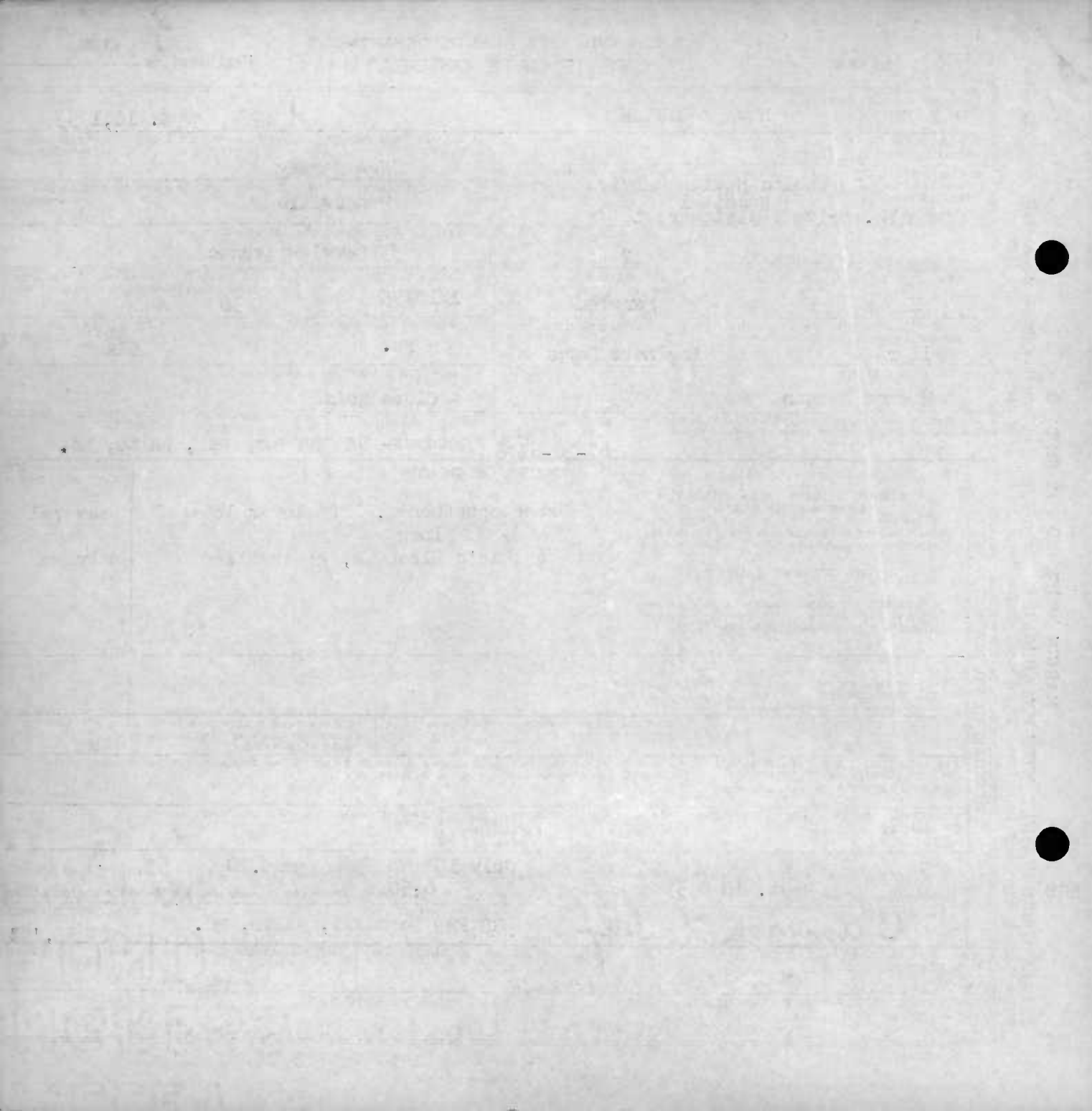


BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8161

BIRTH NO. 53 8161

1. NAME OF DECEASED (Type or Print) HOWARD BAUMAN		2. DATE OF DEATH Sept. 10, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE New Jersey B. COUNTY V-27	
B. FULL NAME OF (If not in hospital or institution, give street address or location) US Public Health Service Hospital Wyman Pk. Drive & 31st Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pennsville	
D. STREET ADDRESS (If rural, give location) 53 Lakview Avenue		E. LENGTH OF STAY IN BALTIMORE Yrs. ? Mos. ? Days ?	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1/10/95
9. AGE (In years last birthday) 58		10. UNDER 1 Year Months: ? Days: ?	11. UNDER 24 Hours Hours: ? Min: ?
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oilier		10B. KIND OF BUSINESS OR INDUSTRY Engineer Corps	
11. BIRTHPLACE (State or foreign country) Pa.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Howard Bauman		14. MOTHER'S MAIDEN NAME Clara Reisa	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ?		16. SOCIAL SECURITY NO. 187-10-6128	
17. INFORMANT Records- US PHS Hospital, Balto, Md.		ADDRESS Records- US PHS Hospital, Balto, Md.	
18. 201X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Bronchopneumonia, left lower lobe of lung DUE TO Hodgkin's Disease, generalized ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH several days unknown
19A. DATE OF OPERATION 7		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 15, 1953 , to Sept. 10, 1953 , that I last saw the deceased alive on Sept. 10, 1953 , and that death occurred at 6:50 A.M. , from the causes and on the date stated above.			
23A. SIGNATURE Cameron L. Self		23B. ADDRESS US PHS Hospital, Balto, Md.	
23C. DATE SIGNED Sept 10, '53		23D. NAME OF CEMETERY OR CREMATORY	
23E. LOCATION (City, town, or county) (State) Pennsville N.J.		23F. DATE RECEIVED BY LOCAL REGISTRAR	
23G. REGISTRAR'S SIGNATURE		23H. FUNERAL DIRECTOR	
23I. ADDRESS		23J. ADDRESS	



-536

53 8162

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8162
Registered No.

1. NAME OF DECEASED (Type or Print) Edgar H. Landauer		2. DATE OF DEATH Sept. 10/53	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) 4507 Rokeby Rd		6. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 28-04	
7. LENGTH OF STAY IN BALTIMORE Life		8. STREET ADDRESS (If rural, give location) 4507 Rokeby Rd	
9. SEX Male	10. COLOR OR RACE White	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	12. DATE OF BIRTH March 26/92
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Advertising		14. AGE (In years birthday) 61 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.	
15. FATHER'S NAME James Landauer		16. BIRTHPLACE (State or foreign country) Balto. Md.	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		18. CITIZEN OF WHAT COUNTRY?	
19. SOCIAL SECURITY NO.		20. MOTHER'S MAIDEN NAME Mary Tong	
21. INFORMANT		22. ADDRESS Mrs. Matilda Landauer, 4507 Rokeby Rd	
23. CAUSE OF DEATH Coronary Thrombosis			
24. INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs.			
25. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis			
26. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) DUE TO (B) DUE TO (C) DUE TO			
27. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
28. DATE OF OPERATION		29. MAJOR FINDINGS OF OPERATION	
30. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		31. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
32. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		33. TIME (Month) (Day) (Year) (Hour) OF INJURY	
34. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		35. HOW DID INJURY OCCUR?	
36. I hereby certify that I attended the deceased from May 1953 , to Sept 10, 1953 that I last saw the deceased alive on Sept 9, 1953 , and that death occurred at 3:45 A. M. , from the causes and on the date stated above.			
37. SIGNATURE Geo. C. Wells		38. ADDRESS 4101 Edmondson Ave.	
39. DATE Sept. 12/53		40. DATE SIGNED Sept 10, 1953	
41. NAME OF CEMETERY OR CREMATORY Lorraine Park Mausoleum		42. LOCATION (City, town, or county) Woodlawn, Balto. Md.	
43. LOCAL REGISTRAR		44. REGISTRAR'S SIGNATURE Harry R. Wutzke	
45. FUNERAL DIRECTOR		46. ADDRESS 4101 Edmondson Ave.	

CERTIFICATE OF DEATH

Registered No.

Age at Death

Place of Birth

Place of Death

Residence at Death

Occupation

Marital Status

Education

Religion

Color

Sex

Height

Weight

Temperature

Pulse

Respiration

Causes of Death

Immediate Cause

Intermediate Cause

Underlying Cause

Contributing Cause

Other

Signature of Physician

Signature of Registrar

Signature of Coroner

Signature of Medical Examiner

Signature of Nurse

Signature of Chaplain

Signature of Minister

Signature of Priest

Signature of Rabbi

Signature of Imam

Signature of Other

Signature of Other

Signature of Other

Signature of Other

Signature of Other

Signature of Other

Signature of Other

Signature of Other

Signature of Other

Signature of Other

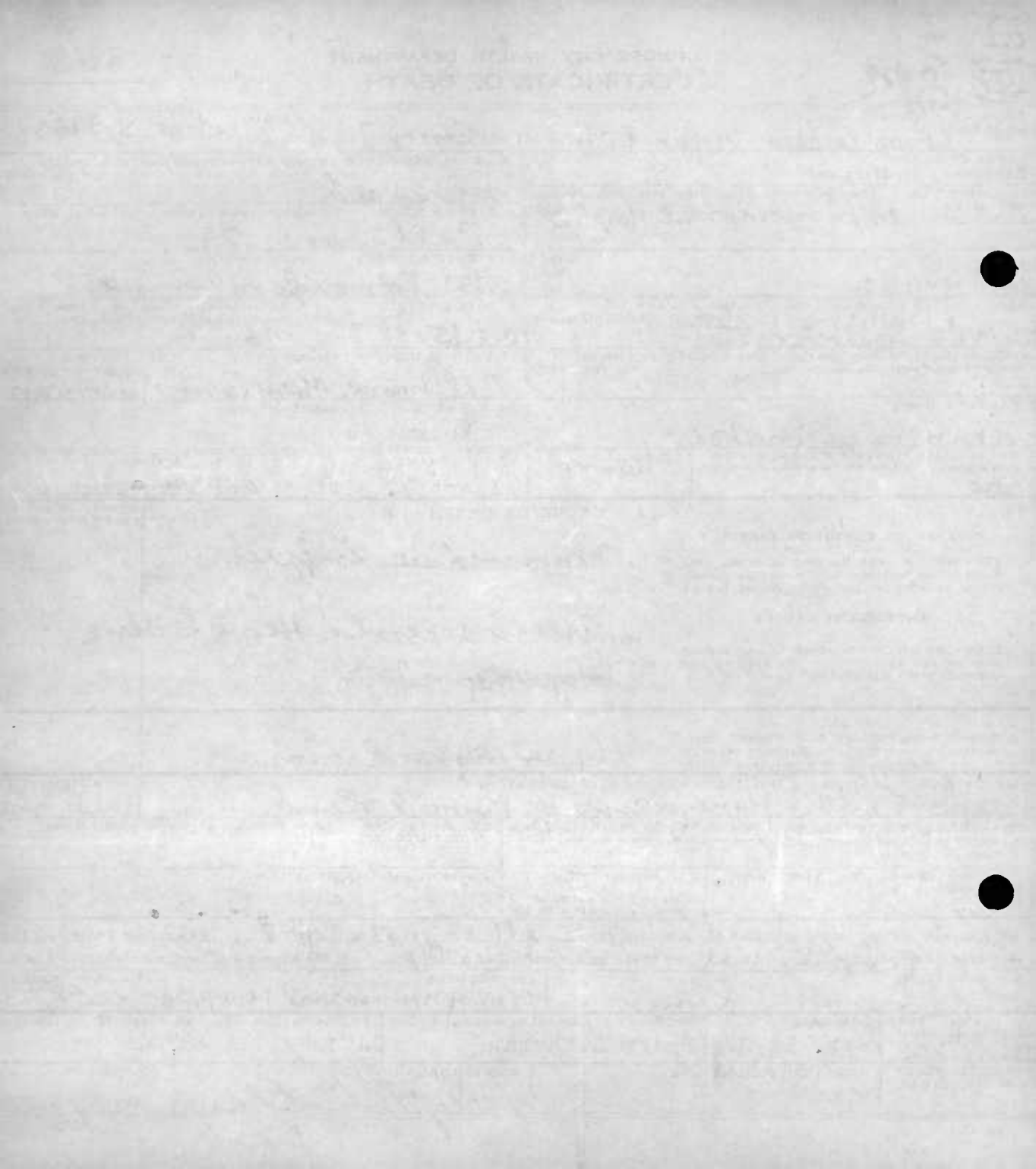
Signature of Other

200-360
53 8163
IRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8163
Registered No.

NAME OF DECEASED (Type or Print) Cora Cecelia Ritter [Mrs. T. Emory]		2. DATE OF DEATH Sept. 8, 1953	
PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY Baltimore	
FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 29 20-07	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3333 Edmondson Avenue	
SEX Female	6. COLOR or RACE White American	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Oct 15, 1876
9. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.		10B. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE (In years; last birthday) 76
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? American	
13. FATHER'S NAME Francis Sinclair		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Albert E. Ritter		ADDRESS 3333 Edmondson Ave	
18. 420.0 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) Myocardial infarct DUE TO (B) Arteriosclerotic Heart Disease DUE TO (C) Hyperthyroidism INTERVAL BETWEEN ONSET AND DEATH			
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II Hyperthyroidism			
19A. DATE OF OPERATION Sept. 8, 53		19B. MAJOR FINDINGS OF OPERATION Hypertrophy of thyroid gland	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) (Minute) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Aug 19 , 1953 to Sept 8 , 1953, that I last saw the deceased alive on Sept 8 , 1953, and that death occurred at 6:45 pm. , from the causes and on the date stated above.			
23A. SIGNATURE Thomas M. King		23B. ADDRESS Union Memorial Hospital	
23C. DATE SIGNED Sept 8, 53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sept. 11/53	
24C. NAME OF CEMETERY OR CREMATORY Salem Lutheran		24D. LOCATION (City, town, or county) (State) Catonsville 28, Md	
25. FUNERAL DIRECTOR Harry H. Lutzke		ADDRESS 4101 Edmondson Ave	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8164
Registered No.

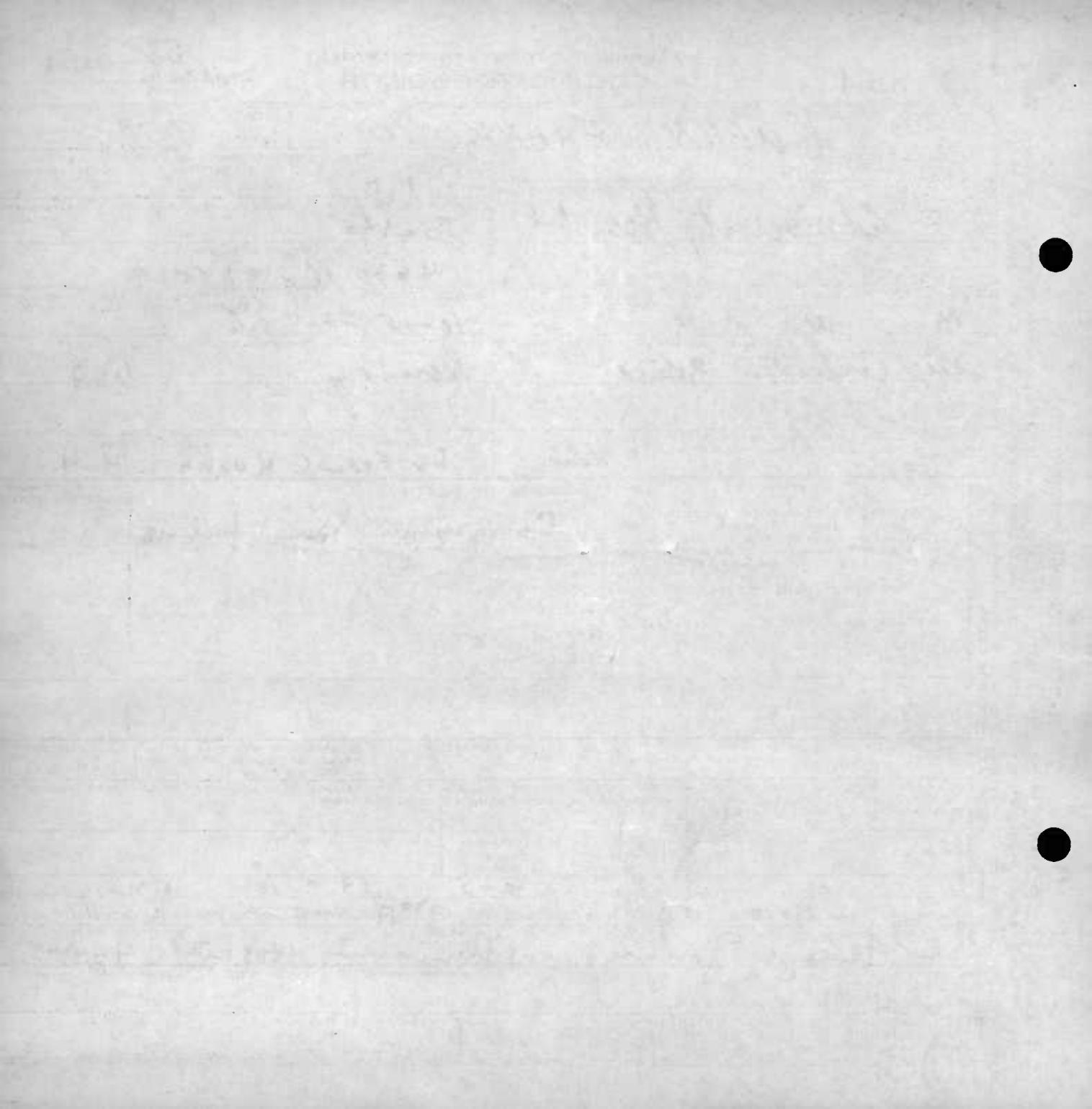
53 8164
BIRTH NO.

1. NAME OF DECEASED (Type or Print) KUEHN FRANK Mr.			2. DATE OF DEATH 9-10-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY Balto		
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 28-04		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 4630 Coleherne		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 10-15-86	9. AGE (In years last birthday) 66	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ship Carpenter			10B. KIND OF BUSINESS OR INDUSTRY Retired		
11. BIRTHPLACE (State or foreign country) Germany			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Kustar Kuehn			14. MOTHER'S MAIDEN NAME Mary		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		
17. INFORMANT Dr. Frank Kuehn			ADDRESS M. W.		

18. 434.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Congestive Heart failure		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 9-5		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 9-5 , 19 53 to 9-10 , 19 53 , that I last saw the deceased alive on 9-10 , 19 53 , and that death occurred at 3:30 A.M., from the causes and on the date stated above.							
23A. SIGNATURE Dr. Philip Jorgie M. D.				23B. ADDRESS University Hospital		23C. DATE SIGNED 9-10-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sept 12, 1953		24C. NAME OF CEMETERY OR CREMATORY Parkwood		24D. LOCATION (City, town, or county) (State) Balto Md	
DATE RECEIVED BY LOCAL REGISTRAR SEP 11 1953		REGISTRAR'S SIGNATURE Huntington		25. FUNERAL DIRECTOR Wm Cook Inc - 1217 St Paul St		ADDRESS	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No.

53 8165

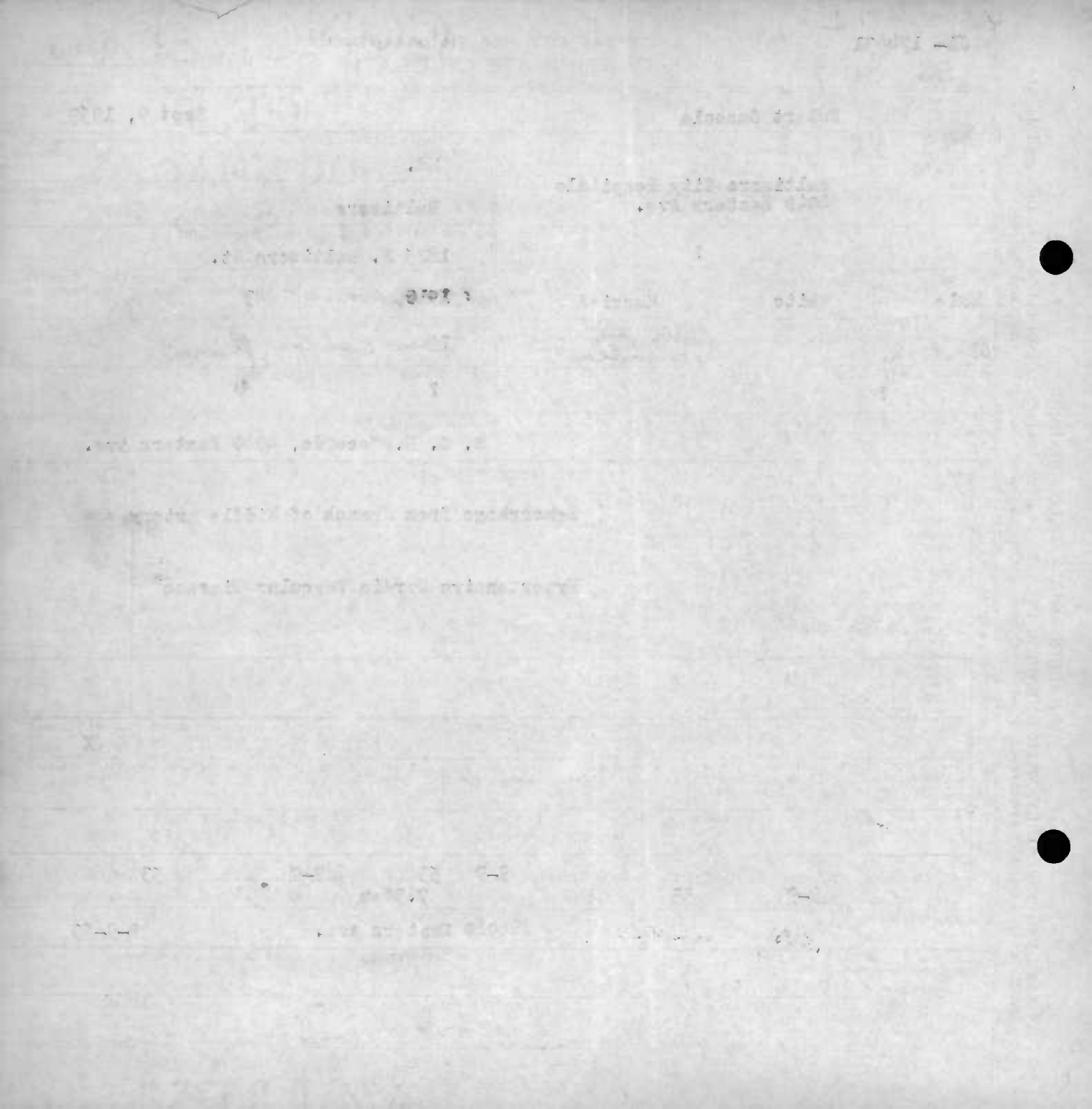
BIRTH NO. 53 8165

1. NAME OF DECEASED (Type or Print) Robert Cassola		2. DATE OF DEATH Sept 9, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 2-02	
D. STREET ADDRESS (If rural, give location) 1825 E. Baltimore St.			
5. SEX Male		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 1909, Nov. 10	
9. AGE (In years, birthdate) 43		10. Under 1 Year Months: Days: Hours: Min.	
11. BIRTHPLACE (State or foreign country) New Canton, Virginia		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME ?		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT B. C. H. Records, 4940 Eastern Ave.		ADDRESS	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hemorrhage from Branch of Middle Artery DUE TO Hypertensive Cardiac Vascular Disease	INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 9-9-53	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-9-53 , 19 53 , to 9-9-53 , 19 53 that I last saw the deceased alive on 9-9-53 , 19 53 , and that death occurred at 7:30pm from the causes and on the date stated above.			
23A. SIGNATURE H. J. [Signature]	23B. ADDRESS 4940 Eastern Ave.	23C. DATE SIGNED 9-9-53	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Sept 12, 1953	24C. NAME OF CEMETERY OR CREMATOR St Pauls	24D. LOCATION (City, town, or county) (State) Baltimore MD
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE H. J. [Signature]	25. FUNERAL DIRECTOR Wm Cook Inc - 1217 St Pauls St	ADDRESS



53 8166

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8166
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jasper Scott

2. DATE
OF
DEATH

Sept. 3, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Provident Hospital

C. Length of stay in Baltimore

55 years

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
WIDOWEDYrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

347 W. PRESTON ST.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

AMELIA, VA

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

ARCHIE SCOTT

14. MOTHER'S MAIDEN NAME

NANCY WALKER

VA

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 490X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

LOBAR PNEUMONIA

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(A)
DUE TO
(B)
DUE TO
(C)

Gen. Septicemia

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

8-29-53

SCLEROSIS of big blood vessel

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the
deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

Carmelina B. Legan

M. D.

23B. ADDRESS

1514 Division St. Ball 17

23C. DATE SIGNED

9/10/53

4. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

9-14-53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary, Cedar Hill Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

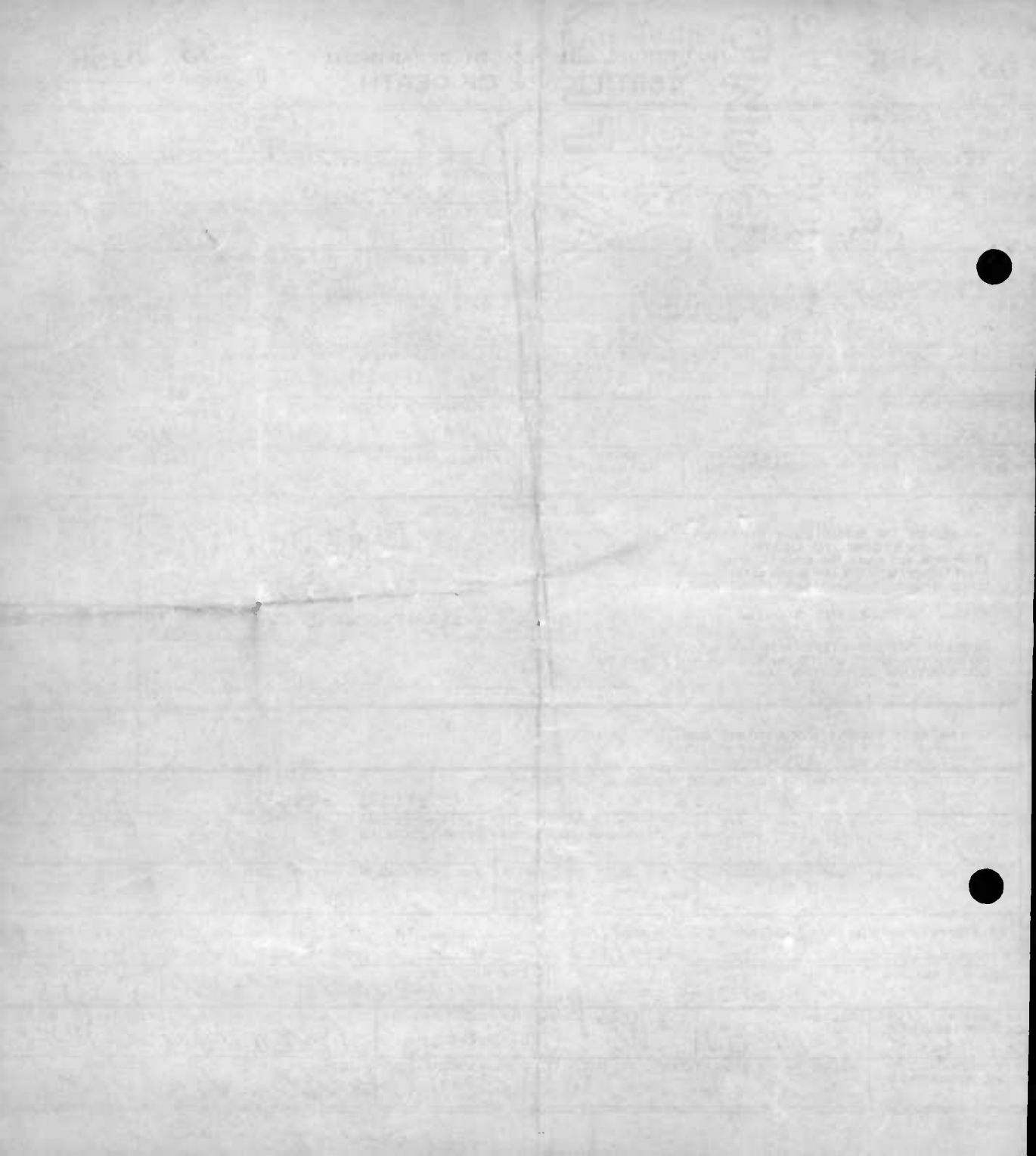
Huntington 11539

25. FUNERAL DIRECTOR

ADDRESS

W. A. Halstead - 918 -

Hruid Hill Ave.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 8167
Registered No.

53 8167

1. NAME OF DECEASED
Type or Print)

IDA

WHITE

2. DATE
OF
DEATH

9/6/53

3. PLACE OF DEATH:

Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)

MERCY HOSP

5. Length of stay in Baltimore

Yrs.
Mos.
Days

6. SEX F 6. COLOR OR RACE C 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W

8. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cook

10b. KIND OF BUSINESS OR INDUSTRY

9. FATHER'S NAME

Samuel Johnson

10. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war & dates of service)

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MARYLAND

B. COUNTY BALT 17-01

5. STREET ADDRESS (If rural, give location)

912 DRUID HILL AVE

8. DATE OF BIRTH

9. AGE (in years last birthday) 50 If Under 1 Year Months: Days Hours: Min.

11. BIRTHPLACE (State or foreign country)

South Carolina

12. CITIZEN OF WHAT COUNTRY?

U. S. A

14. MOTHER'S MAIDEN NAME

Lena DeLoose

17. INFORMANT

ADDRESS

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Infarction

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Arteriosclerosis
(C) Cardiac Vascular Disease

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 9/6/53, to 9/6/53, that I last saw the deceased alive on 9/6/53, and that death occurred at 5:35 pm., from the causes and in the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

William G. Egan

M. D.

Mercy Hospital

9/6/53

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

Burial

9-14-53

Orlan, South Carolina.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 11 1953

Thurston

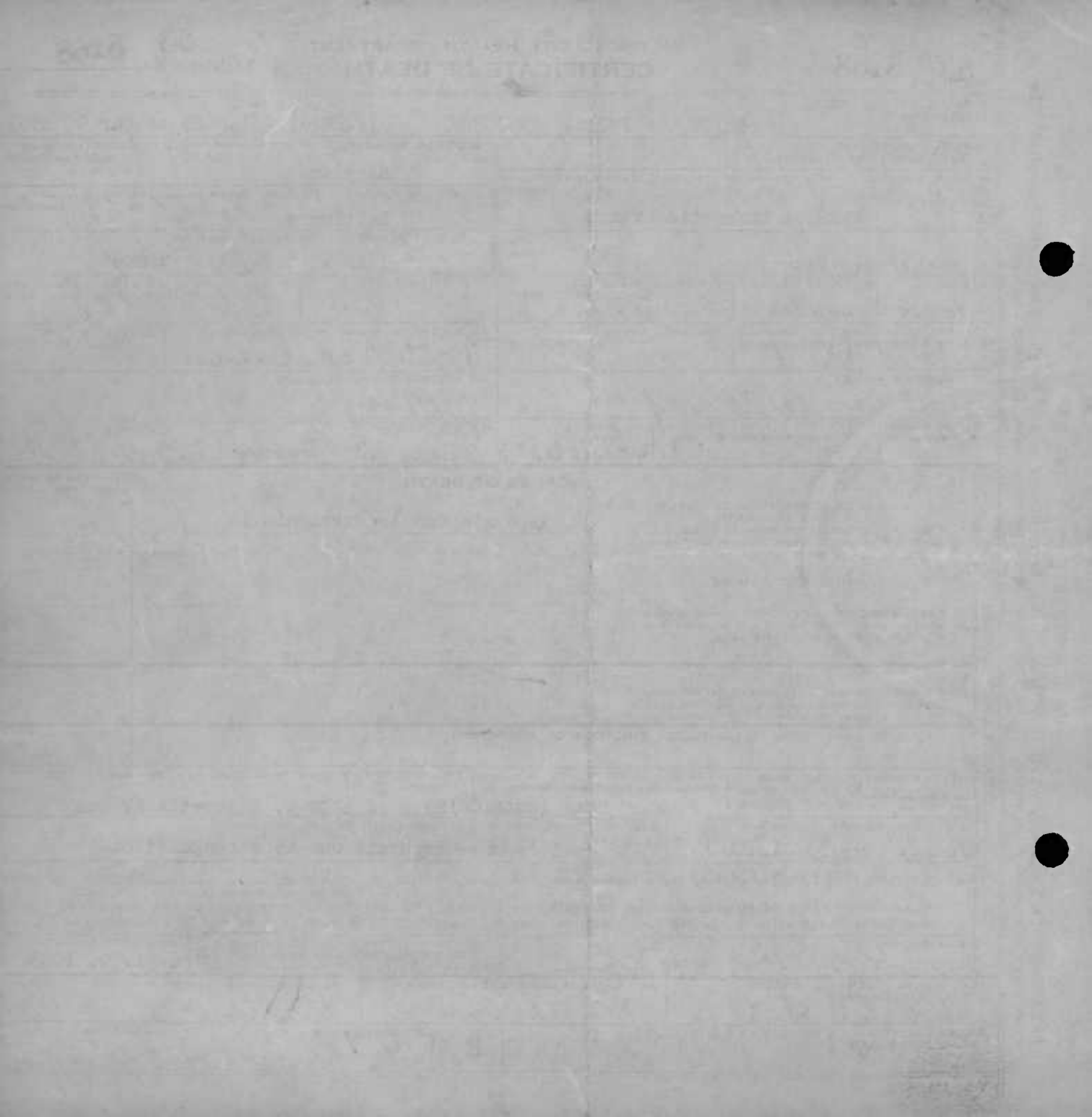
Dr. J. H. B. Biddle

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 8168**

BIRTH NO. 53 8168		1. NAME OF DECEASED (Type or Print) EMILY FRIDAY JOYNER (FISHER)		2. DATE OF DEATH September 9, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1122 W. Lafayette Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-01			
C. Length of stay in Baltimore 30 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1122 W. Lafayette Avenue			
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1921	9. AGE (In years last birthday) 32	10. Under 1 Year Months; Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bar maid		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) North Carolina	
13. FATHER'S NAME James W. Joyner		14. MOTHER'S MAIDEN NAME Mary -			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 212-22-6328		17. INFORMANT ADDRESS James W. Brooks 563 Gold St.	
18. E 983X		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Asphyxia due to strangulation			
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Found: Home (outside)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Rear of 1122 W. Lafayette Avenue	
21D. TIME (Month) (Day) (Year) (Hour) Found: 9/9/53 10:00 A. m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Asphyxia due to strangulation	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William V. Smith		23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Sept. 9, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Burial	Sept 12/53	Mt Auburn		Baltimore Md	
DATE RECEIVED BY LOCAL REGISTRAR SEPT 11 1953	REGISTRAR'S SIGNATURE Huntington Hall	25. FUNERAL DIRECTOR Brooks Ruggels		ADDRESS 1463 N. Carey St.	



FJ 172849

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 8169

BIRTH NO. 8169

1. NAME OF DECEASED
(Type or Print)

August Schoene

2. DATE OF DEATH
9-8-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals
4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Maryland
B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4025 Pennington Ave. #26

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

April 2, 1863

9. AGE (in years last birthday)

82

10. Under 1 Year Months: Days
11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Iron Foundry

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Deceased

Unknown

14. MOTHER'S MAIDEN NAME

Deceased

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

B.C.H. 4940 Eastern Avenue (records)

18.

001-X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Tuberculosis active & silicosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Tuberculosis of adrenal glands
(C) Emphysema and pulmonary fibrosis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-29-1953 to 9-8-1953 that I last saw the deceased alive on 9-8-1953, and that death occurred at 11:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

H. John R.

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

9-8-1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Sept 11, 1953

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill Cemetery

24D. LOCATION (City, town, or county)

Aron Avenue

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

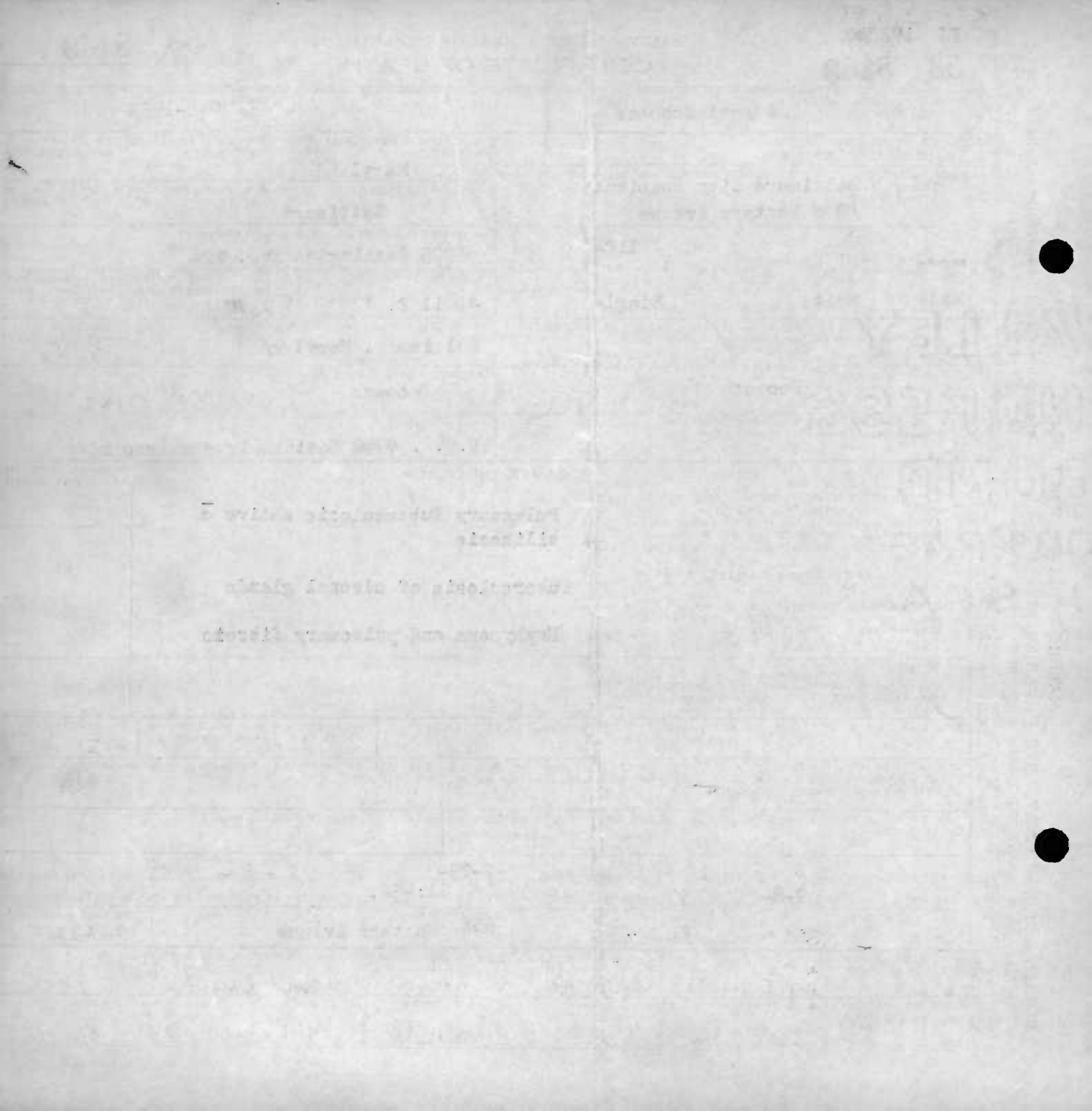
H. J. R.

25. FUNERAL DIRECTOR

Harold K. McComas

ADDRESS

Arlington



M-450

53 8170

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8170
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

McLown, Lillie

2. DATE
OF
DEATH

September 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

CARROLL

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

WESTMINSTER

D. STREET ADDRESS (If rural, give location)

11 BOND ST

5641

c. Length of stay in Baltimore

19 Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

April 1, 1868

9. AGE (In years
last birthday)

85

10. Under 1 Year
Months Days

5

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JESSE SHEETS MCLOWN

14. MOTHER'S MAIDEN NAME

MARTHA YINGLING

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
(daughter) MRS. W. SMITH 11 BOND ST
WESTMINSTER, MD.

18. 422.1 and 153X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

Cardiac failure secondary to
Antihypertensive cardiovascular disease

(A)

DUE TO

INTERVAL BETWEEN
ONSET AND DEATHabout
12 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

Carcinoma of large bowel

duration
about
2 years

19A. DATE OF OPERATION

August 25, 1953

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMED

Carcinoma of colon

IF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1, 1953, to Sept. 10, 1953 that I last saw the
deceased alive on Sept 10, 1953, and that death occurred at 4:15 P. m., from the causes and on the date stated above.

23A. SIGNATURE

James E. Read

M. D.

23B. ADDRESS

BALTIMORE 1
UNIVERSITY HOSPITAL MD.

23C. DATE SIGNED

9-11-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept 13-53

24C. NAME OF CEMETERY OR CREMATORY

Westminster Cem

24D. LOCATION (City, town, or county) (State)

Carroll Co

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

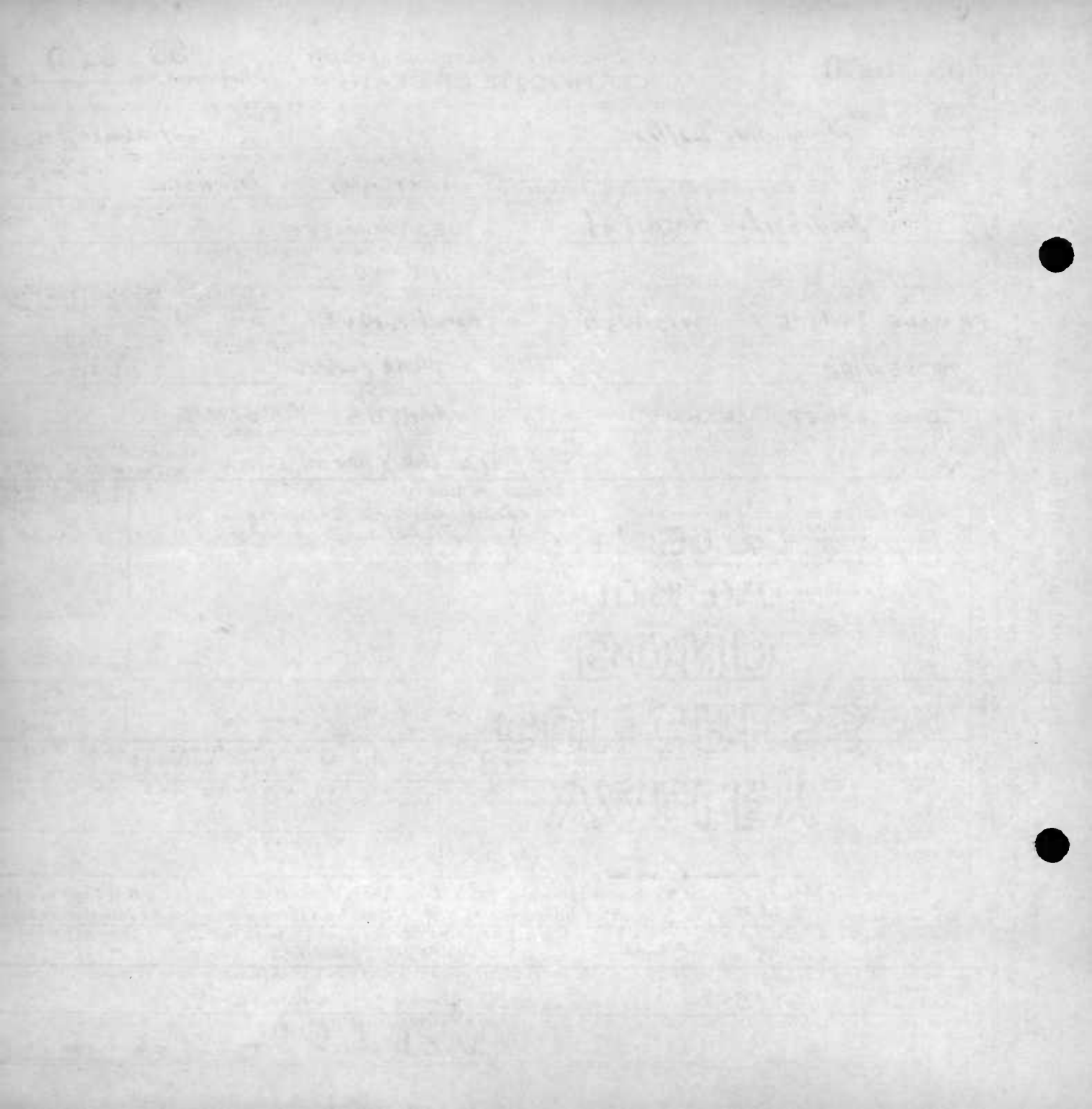
Huntington 121530

25. FUNERAL DIRECTOR

2138 Bankhead. Wm Westminster Md

ADDRESS

SEP 11 1953
VS 150



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8171

53 8171
BIRTH NO.

1. NAME OF DECEASED (Type or Print) RENA PAIGE			2. DATE OF DEATH 9-6-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE BALTIMORE B. COUNTY MARYLAND		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1606 N. WASHINGTON ST.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 50 yrs			D. STREET ADDRESS (If rural, give location) 1606 N. Washington St		
5. SEX FEMALE	6. COLOR FAIR	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) —	8. DATE OF BIRTH 7-25-1878	9. AGE (In years last birthday) 75	10. If Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			11. BIRTHPLACE (State or foreign country) Virginia		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Emily Harris		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) —			16. SOCIAL SECURITY NO.		
17. INFORMANT Alice E. Page			ADDRESS 1606 N. Washington		

18. **420.0**DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

CAUSE OF DEATH

ARTERIOSCLEROTIC HEART DISEASE

ANTECEDENT CAUSES

(B) DUE TO
(C)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐23C. DATE SIGNED **9-7-53**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

CERTIFICATE OF DEATH

1918

NAME OF DECEASED
RESIDENCE
DATE OF DEATH

PLACE OF DEATH
CAUSE OF DEATH
MANNER OF DEATH
AGE
SEX
OCCUPATION
EDUCATION
RELIGION
MARRIAGE
SINGLE
MARRIED
WIDOWED
DIVORCED
REMARKS

53 8172

BALTIMORE CITY HEALTH DEPARTMENT

53 8172

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Hattie Barton

2. DATE
OF
DEATH

Sept-9-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Osler 4

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

8-07

c. Length of stay in Baltimore

20 yrs

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1216 1/2 Broadway

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.

Female

Colored

Single

2-12-06

43

Months

Days

Hours

Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

S.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

James E. Richardson

14. MOTHER'S MAIDEN NAME

Ella J. Hylor

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 411X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Aortic insufficiency

5 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Rheumatic heart disease

5 yrs.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

Renal lithiasis

3 yrs.

19A. DATE OF OPERATION

7

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

WORK

NOT WHILE

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 2, 1953, to Sept 9, 1953, that I last saw the
deceased alive on Sept 9, 1953, and that death occurred at 1:30 P.M., from the causes and on the date stated above

23A. SIGNATURE

John R. Hedgeman

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

9-9-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

9-13-53

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Memorial Park

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

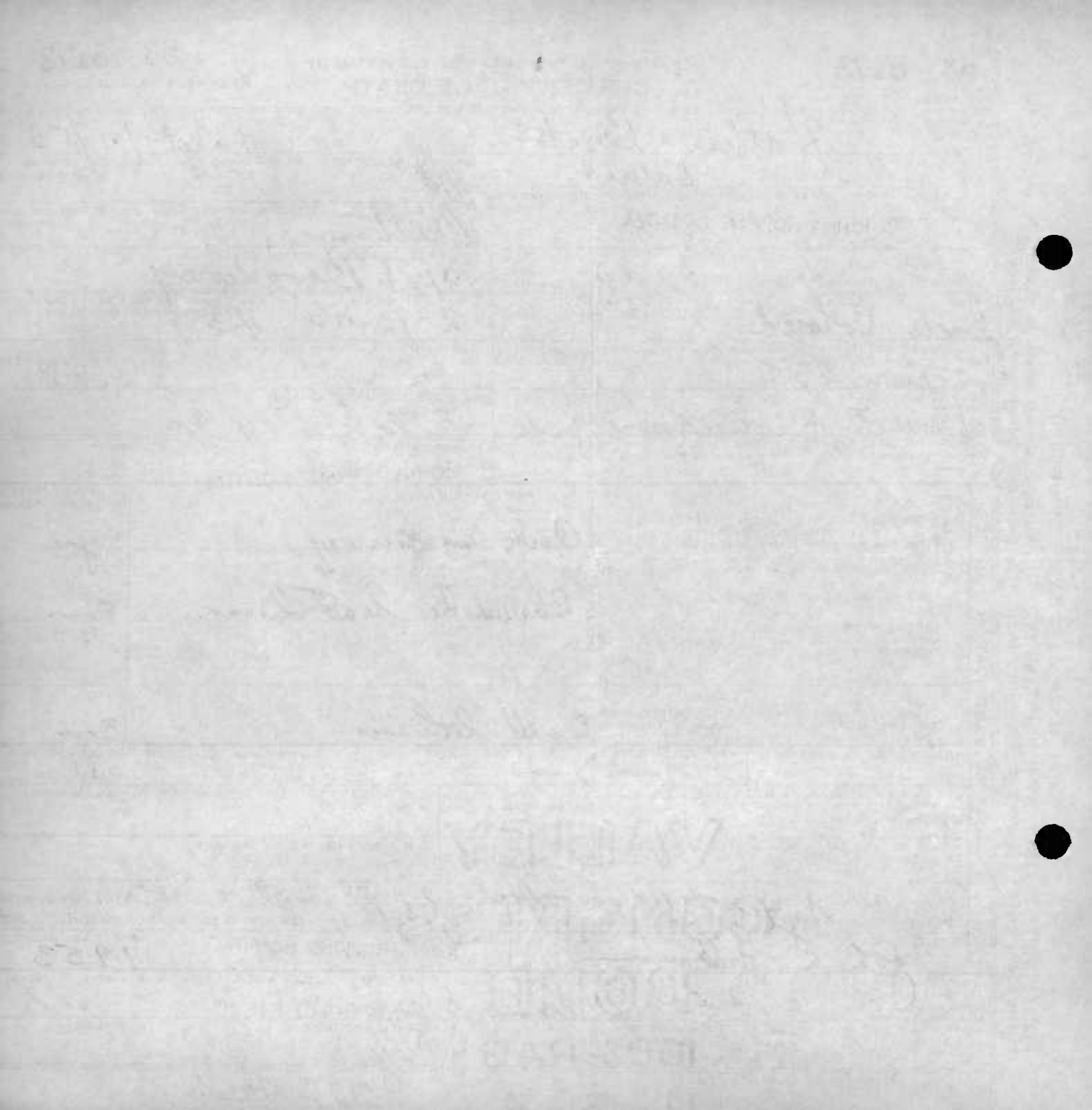
Huntington

25. FUNERAL DIRECTOR

Rayner Sanders

ADDRESS

217 E. Preston St



N-450
53 8173BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8173
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Julia M. Nolan

2. DATE
OF
DEATH

9/10/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Kirkleigh Villa

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1900 W. Baltimore St.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

Sept. 16, 1872

9. AGE (In years,
last birthday)

80

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Retired Saleslady10B. KIND OF BUSINESS OR
INDUSTRY
Hochschild Kohn & Co.

11. BIRTHPLACE (State or foreign country)

Rock Island, Ill.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Nolan

14. MOTHER'S MAIDEN NAME

Julia Dean

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS

Miss Margaret B. Nolan 1310 Wilcox St.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1953, to Sept, 1953, that I last saw the
deceased alive on Sept 10, 1953 and that death occurred at 5:24 p.m. from the causes and on the date stated above

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

9/10/53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 11 1953

8455. 22

11. 10. 1950

11. 10. 1950

11. 10. 1950

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11. 10. 1950

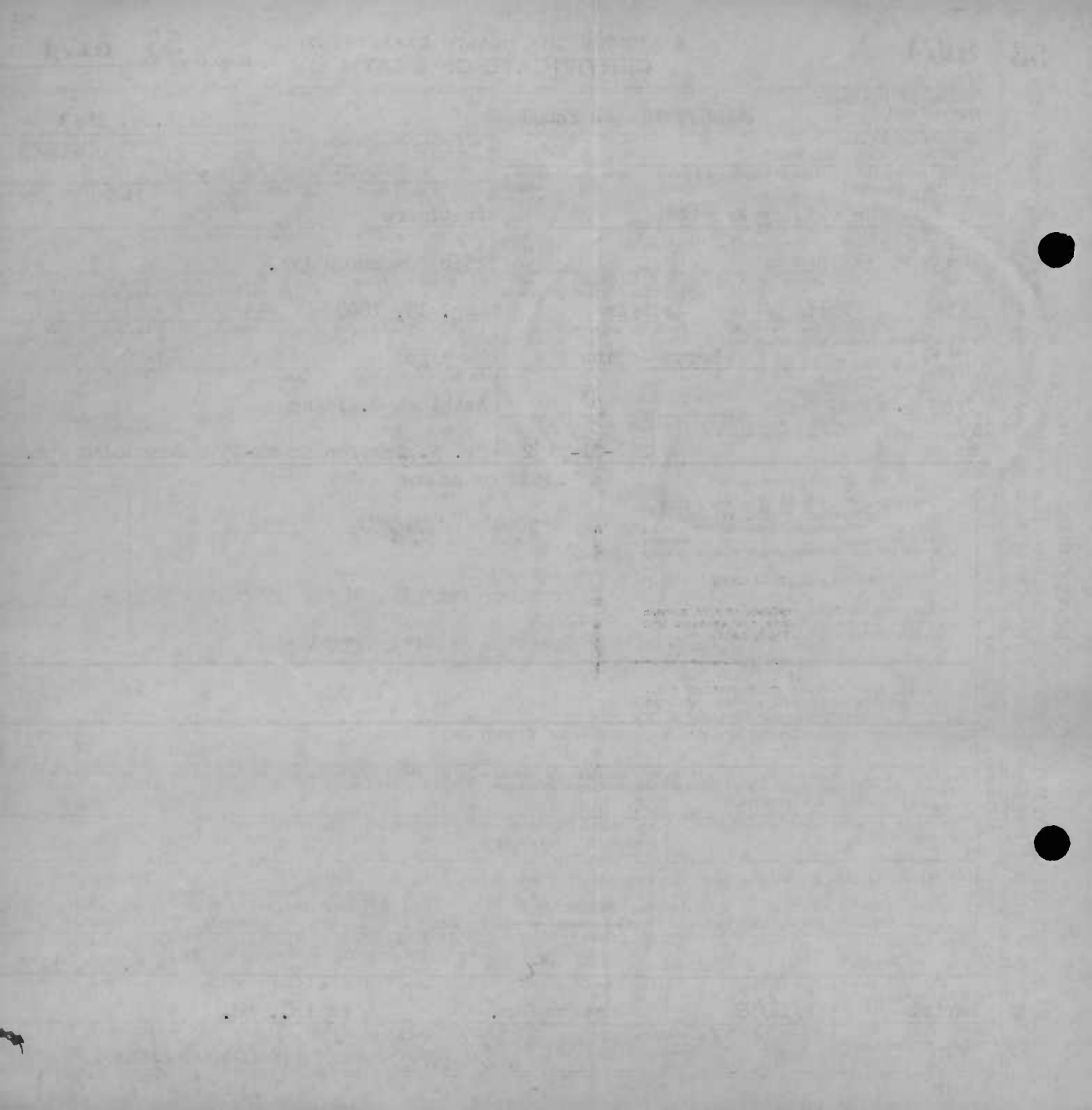
11. 10. 1950

53

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8174

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		JOHN FERDINAND FRUSH		Sept. 9, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		A. STATE Maryland			
C. Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
5. SEX Male		6. COLOR OR RACE White		D. STREET ADDRESS (If rural, give location) 2558 Edmondson Ave.	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH Aug. 15, 1898		9. AGE (in years last birthday) 55	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10B. KIND OF BUSINESS OR INDUSTRY Horse Racing		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME John S. Frush		14. MOTHER'S MAIDEN NAME Kathleen B. Young		12. CITIZEN OF WHAT COUNTRY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 267-01-9152		17. INFORMANT Mr. A. Cameron Frush-2558 Edmondson Ave.	
18. CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Laennec's Cirrhosis					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST. (B) Bronchopneumonia, Right Lower Lobe					
(C) Recent Bilateral Trephines					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from <u>natural causes</u> <input type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE Joseph A. Jackson		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Sept. 10, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9/11/53		24C. NAME OF CEMETERY OR CREMATORY Western Cem.	
24D. LOCATION (City, town, or county) (State) Balto., Md.		25. FUNERAL DIRECTOR J. M. J. Tiekner & Sons		ADDRESS 3908m Balto 17, Md.	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 8175

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN WILLIAM CARTER

2. DATE
OF DEATH Sept. 9, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION3109 Tyndale Ave.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BaltimoreD. STREET ADDRESS (If rural, give location)
3109 Tyndale Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Nov. 27, 18889. AGE (In years
last birthday)6410 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Lynotype Machinist10B. KIND OF BUSINESS OR
INDUSTRY
Newspaper11. BIRTHPLACE (State or foreign country)
England12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

JOHN EDWARD CARTER

14. MOTHER'S MAIDEN NAME

HANNAH MARIE15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
no16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Mrs. Lillian Carter-3109 Tyndale Ave.18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION 019B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1951, to Sept 9, 1953, that I last saw the
deceased alive on Sept 7, 1953, and that death occurred at 6 P. m., from the causes and on the date stated above.

23A. SIGNATURE

George Dawson

M. D.

23B. ADDRESS

4808 Harford Rd.

23C. DATE SIGNED

9/11/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)Removal

24B. DATE

9/12/53

24C. NAME OF CEMETERY OR CREMATORY

Locustwood Mem. Park

24D. LOCATION (City, town, or county)

Merchantsville, N. J.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 11 1953H. E. TaylorWm. J. Dickner & SonsBalto. 17, Md.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D-530

Medical Examiner's Case

53 8176

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8176

1. NAME OF DECEASED (Type or Print) Dandy Howard F		2. DATE OF DEATH 9/10/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Sindi Hosp		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1243 Union Ave. #11		5. LENGTH OF STAY IN BALTIMORE 42 Yrs. Mos. Days	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 2/26/77
9. AGE (In years, last birthday) 76		10. UNDER 1 Year Months: Days	11. UNDER 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER Retired		10B. KIND OF BUSINESS OR INDUSTRY PENNA. R.R.	
11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME WILLIAM DANDY		14. MOTHER'S MAIDEN NAME UNKNOWN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT EVELYN HEISS - 4522 FALLS RD.		ADDRESS	
18. 420.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.) (A) Myocardial Infarction DUE TO (B) Pulmonary edema DUE TO (C) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) _____ (B) _____ (C) _____		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from 9/9 , 19 53 , to 9/10 , 19 53 , that I last saw the deceased alive on 9/10/53 , and that death occurred at 0.15 Am. , from the causes and on the date stated above.			
23A. SIGNATURE Manuel Shellen		23B. ADDRESS Sindi Hosp	
23C. DATE SIGNED 9/10/53		23D. M. D.	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9/14/53	
24C. NAME OF CEMETERY OR CREMATORY Pine Grove		24D. LOCATION (City, town, or county) Baltimore, Md	
24E. DATE RECEIVED BY LOCAL REGISTRAR		24F. REGISTRAR'S SIGNATURE Thurston E. Donovan	
24G. FUNERAL DIRECTOR Thurston E. Donovan		24H. ADDRESS 3818 Roland Ave	

NOT A MEDICAL EXAMINER'S CASE
C. H. [Signature] M.D.
CHIEF OR ASST. MEDICAL EXAMINER

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 8177

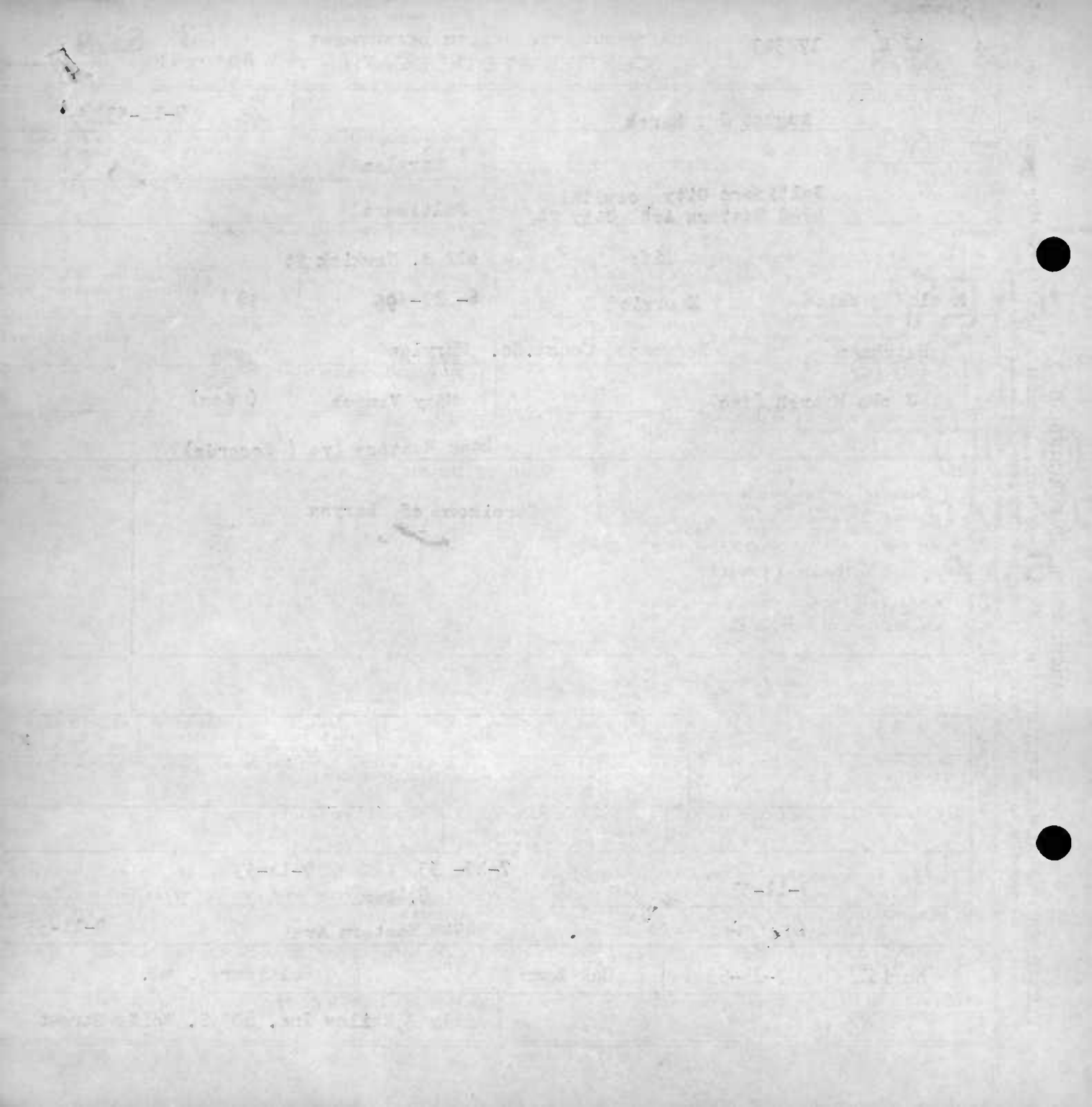
1. NAME OF DECEASED (Type or Print) Anna M. Wollrab		2. DATE OF DEATH Sept. 9/53	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) Md.	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) General German Aged Peoples Home, 22 S. Athol Ave.		6. CITY OR TOWN (If outside corporate limits, write out city and give township) Baltimore	
7. STREET ADDRESS (If rural, give location) 22 S. Athol Ave.		8. DATE OF BIRTH Oct. 19, 1865	
9. LENGTH OF STAY IN BALTIMORE Life		9. AGE (In years, months, days) 87	
10. SEX Female	11. COLOR OR RACE White	12. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	13. DATE OF BIRTH Oct. 19, 1865
14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		15. KIND OF BUSINESS OR INDUSTRY	
16. FATHER'S NAME Geo. D. Wollrab		17. MOTHER'S MAIDEN NAME Dorothea Gruner	
18. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) NO		19. SOCIAL SECURITY NO.	
20. INFORMANT Sr. Fredericks, 22 S. Athol Ave.		21. ADDRESS	
22. CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Cardio Respiratory Failure DUE TO (B) Arterio-sclerotic Cardio Vascular Disease & Myocardial Hypertrophy & Failure DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
23. DATE OF OPERATION 0		24. MAJOR FINDINGS OF OPERATION	
25. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		26. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
27. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		28. HOW DID INJURY OCCUR?	
29. TIME (Month) (Day) (Year) (Hour) OF INJURY		30. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
31. I hereby certify that I attended the deceased from June 1, 1952 to 9 Sept, 1953 that I last saw the deceased alive on 9 Sept, 1953 , and that death occurred at 2:10 P.M. , from the causes and on the date stated above.			
32. SIGNATURE William J. Ryan		33. ADDRESS M. D. 4605 Edmondson Ave	
34. DATE SIGNED 11 Sept 53		35. DATE SIGNED	
36. BURIAL, CREMATION, REMOVAL (Specify) Burial		37. DATE Sept. 10/53	
38. NAME OF CEMETERY OR CREMATORY Loudon park		39. LOCATION (City, town, or county) (State) Baltimore, Md.	
40. DATE RECEIVED BY LOCAL REGISTRAR SEP 11 1953		41. REGISTRAR'S SIGNATURE Huntington	
42. FUNERAL DIRECTOR Harold H. Vintzler		43. ADDRESS 4101 Edmondson Ave.	

TRANSMISSION RECORDS OF THE
STATE OF MICHIGAN

STATE OF MICHIGAN

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8178
Registered No.

BIRTH NO. 172303		1. NAME OF DECEASED (Type or Print) August J. Marsh		2. DATE OF DEATH 9-11-53	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY			
b. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospital 4940 Eastern Ave City 24		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Life		d. STREET ADDRESS (If rural, give location) 622 S. Newkirk St			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M married	8. DATE OF BIRTH 6-29-95	9. AGE (In years, last birthday) 58	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman		10b. KIND OF BUSINESS OR INDUSTRY Wedgewood Const. Co.		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME John Marsh (dec)		14. MOTHER'S MAIDEN NAME Mary Vemach (dec)			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS 4940 Eastern Ave (Records)	
18. 161X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Larynx DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION 0		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		19c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7-15-53 , 19__, to 9-11-53 , 19__, that I last saw the deceased alive on 9-11-53 , 19__, and that death occurred at 8:40am , from the causes and on the date stated above.					
23a. SIGNATURE <i>John Marsh</i>		23b. ADDRESS 4940 Eastern Ave		23c. DATE SIGNED 9-11-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-11-53		24c. NAME OF CEMETERY OR CREMATORY Oak Lawn	
24d. LOCATION (City, town, or county) (State) Baltimore, Md.					
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>Thurston W. ...</i>		25. FUNERAL DIRECTOR ADDRESS Lilly & Zeiler Inc. 403 S. Wolfe Street	



53

R-000

8179

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8179

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mr. Thomas M. Ray

2. DATE
OF
DEATH Sept 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTYB. FULL NAME OF
HOSPITAL OR
INSTITUTION

Saint Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

c. Length of stay in Baltimore

Yrs.
Mos.
DaysD. STREET ADDRESS (If rural, give location)
3107 Pinewood Avenue

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Feb. 23, 1898

9. AGE (In years
last birthday)

55

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Plumber, Francis Dorsey Company

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Howard C. Ray

14. MOTHER'S MAIDEN NAME

Mary Elizabeth Fuchs

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Lucille W. Ray, 3107 Pinewood

18. 442x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary occlusion

15 mi

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)chronic nephritis
arteriosclerosis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1935, to Sept 10, 1953, that I last saw the
deceased alive on Sept 8, 1953, and that death occurred at 11:15 a.m., from the causes and on the date stated above.

23. SIGNATURE

Robert H. Mortimer Jr.

M.D.

23B. ADDRESS

2706 St Paul St

23C. DATE SIGNED
Sept 10-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept 14, 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Leonard J. Ruck

ADDRESS

5305 Harford Rd

SEP 11 1953
VS 150

57424

Dr. Morimer
2706 ST. PAUL ST
2-H

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

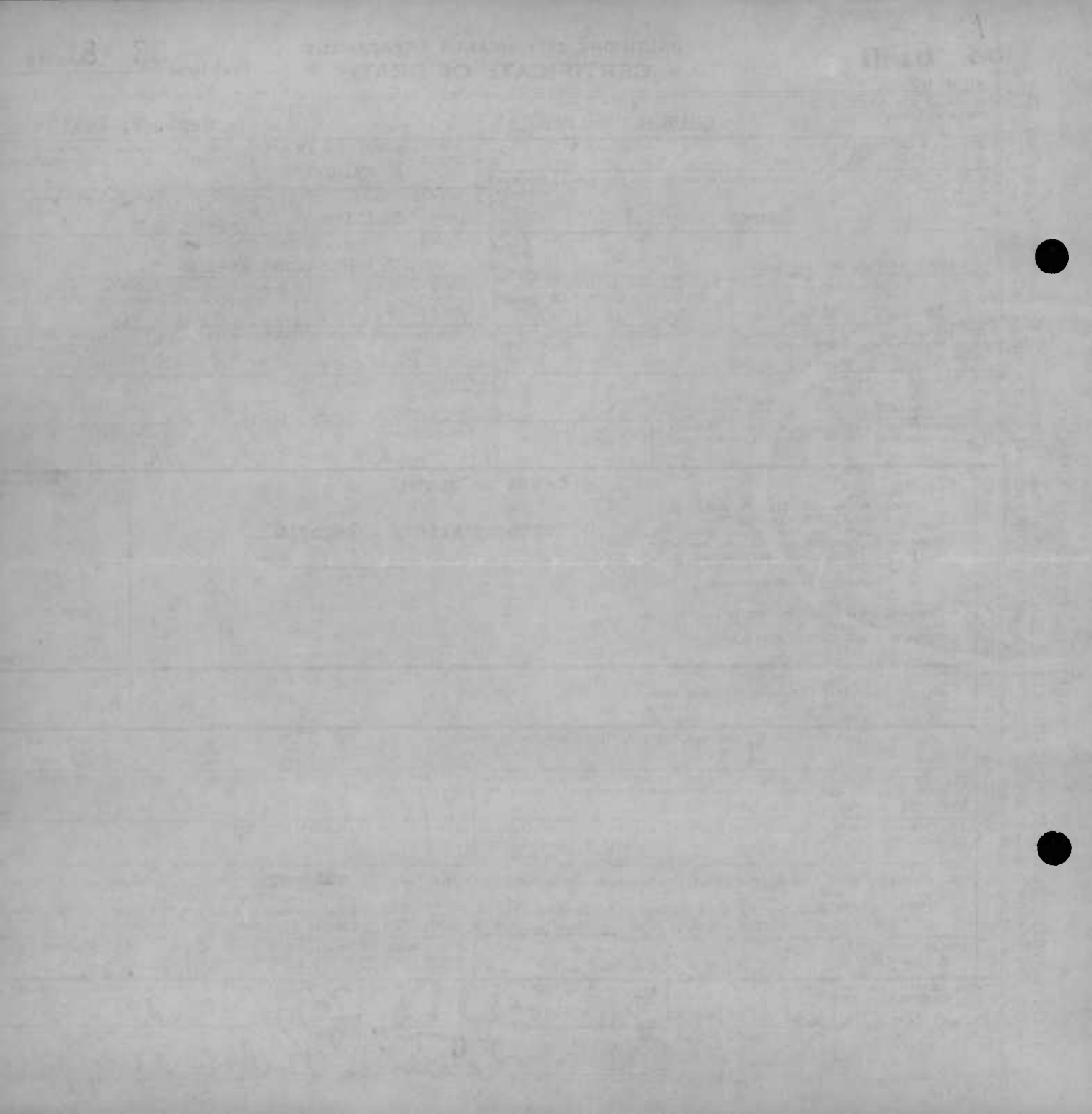
M-254
53 8180

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8180

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) PATRICK CHARLES McNALLY	
2. DATE OF DEATH Sept. 9, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital	
6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
7. STREET ADDRESS (If rural, give location) 723 Richwood Avenue	
8. Length of stay in Baltimore Yrs. Mos. Days	
9. SEX Male	10. COLOR OR RACE White
11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
12. DATE OF BIRTH Mar. 17-1881	
13. AGE (In years last birthday) 72	
14. Under 1 Year Months Days	
15. Under 24 Hours Hours Min.	
16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Policeman	
17. KIND OF BUSINESS OR INDUSTRY	
18. BIRTHPLACE (State or foreign country) Baltimore Md	
19. CITIZEN OF WHAT COUNTRY? USA	
20. FATHER'S NAME Bernard McNally	
21. MOTHER'S MAIDEN NAME Theresa Gutberlet	
22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
23. SOCIAL SECURITY NO.	
24. INFORMANT Mr. Lawrence McNally	
25. ADDRESS	

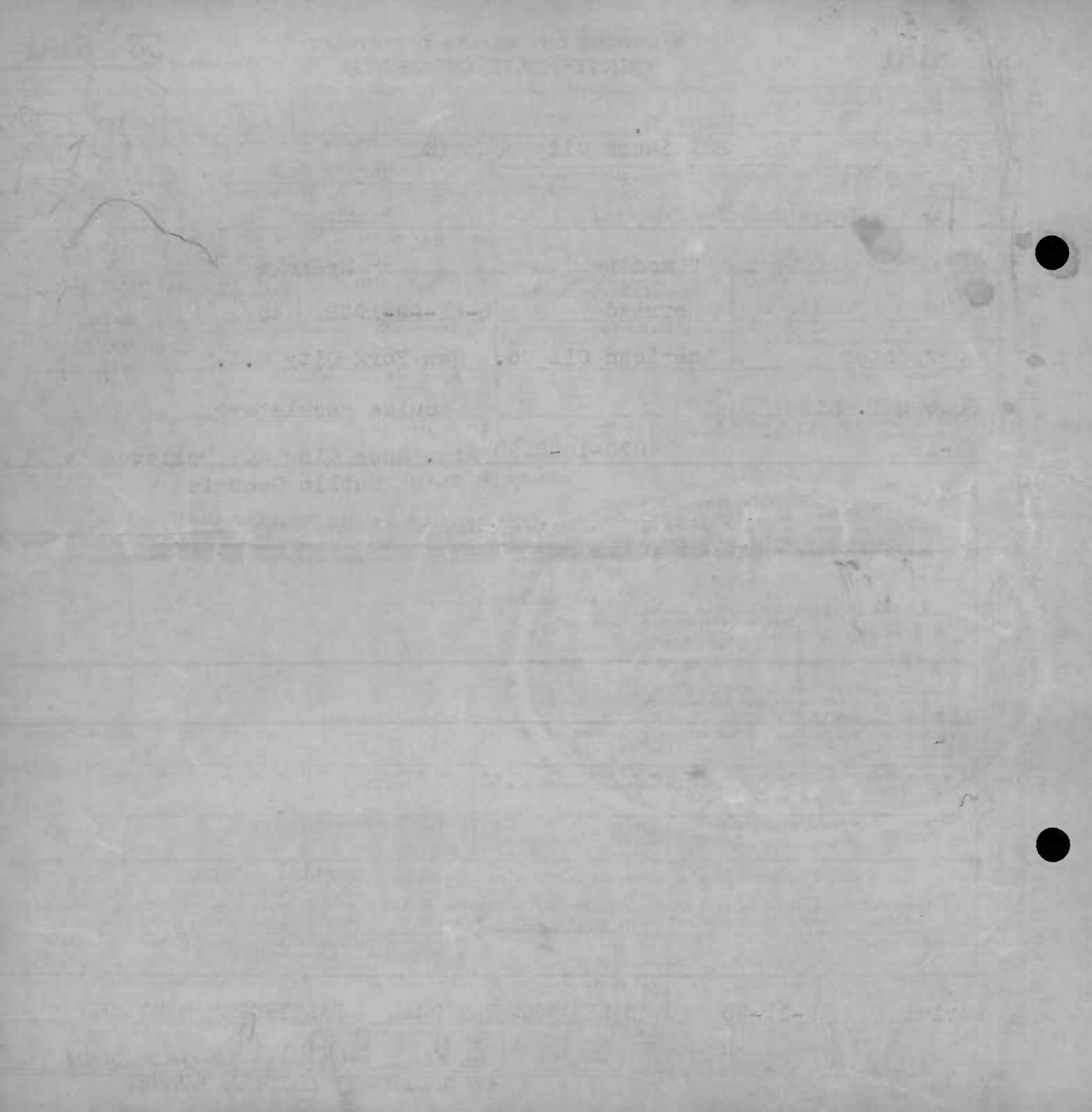
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Coronary artery sclerosis DUE TO		INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
21. DATE OF OPERATION		22. MAJOR FINDINGS OF OPERATION
23. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
24. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		25. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
26. WHERE DID INJURY OCCUR?		(If in Baltimore City, give exact location)
27. TIME (Month) (Day) (Year) (Hour) OF INJURY		28. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
29. HOW DID INJURY OCCUR?		
30. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .		
31. SIGNATURE Joseph A. Jachimczyk		32. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>
33. DATE SIGNED Sept. 10, 1953		
34. BURIAL, CREMATION, REMOVAL (Specify)		35. DATE Sept. 12-1953
36. NAME OF CEMETERY OR CREMATORY New Cathedral		37. LOCATION (City, town, or county) (State) Baltimore Md
38. DATE RECEIVED BY LOCAL REGISTRAR		39. REGISTRAR'S SIGNATURE Leonard J. Luck
40. FUNERAL DIRECTOR		41. ADDRESS 5305 Starford



58 K-520
8181BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8181

BIRTH NO.			
1. NAME OF DECEASED (Type or Print) JOSEPH H. KING			2. DATE OF DEATH September 9, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore City Hospital			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) B. COUNTY Maryland
8. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital			5. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
c. Length of stay in Baltimore 7 months			6. STREET ADDRESS (If rural, give location) 602 Wyanoke Avenue
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5-21-08-1908
			9. AGE (In years last birthday) 45
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter			11. BIRTHPLACE (State or foreign country) New York City N.Y.
10B. KIND OF BUSINESS OR INDUSTRY American Oil Co.			12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Joseph F. King			14. MOTHER'S MAIDEN NAME Louise Heckleberg
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) WW-11			16. SOCIAL SECURITY NO. 070-1602595
			17. INFORMANT ADDRESS Mrs. Anne King 801 Bellevue Av
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease (A) DUE TO			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE <i>William J. ...</i>		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/>	23C. DATE SIGNED Sept. 9, 1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 9-11-53	24C. NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL	24D. LOCATION (City, town, or county) (State) BALTIMORE? MARYLAND
DATE RECEIVED BY LOCAL REGISTRAR SEPT 11 1953	REGISTRAR'S SIGNATURE <i>...</i>	25. FUNERAL DIRECTOR ADDRESS Edwards Amason	
VS 151 js 5106K 4600 LIBERTY HEIGHTS AVENUE			



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 8182P-620
53 8182
BIRTH NO.

1. NAME OF DECEASED (Type or Print) GEORGE PRESCO (Prescoe)			2. DATE OF DEATH September 10, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 5 1/2 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1159 N. Mount Street		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH Mar 10 1905	9. AGE (in years last birthday) 47	12. CITIZEN OF WHAT COUNTRY? U. S. A.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		
13. FATHER'S NAME George Presco			14. MOTHER'S MAIDEN NAME Annie Queen		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Hilda Mitchell 1381 N. Gilmore St		
18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary tuberculosis, far advanced DUE TO (A)			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B)					
DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William Wilson		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Sept. 11, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Sept 14, 1953	24C. NAME OF CEMETERY OR CREMATORY St Peter's cem	24D. LOCATION (City, town, or county) (State) md		
DATE RECEIVED BY LOCAL REGISTRAR SEP 11 1953	REGISTRAR'S SIGNATURE Huntington	25. FUNERAL DIRECTOR George S. Nelson		ADDRESS 1303 Brentman St	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 8183

BIRTH NO. <u>53 8183</u>		1. NAME OF DECEASED (Type or Print) <u>AMELIA W. PRICE</u>		2. DATE OF DEATH <u>SEPT. 10, 1953</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <u>MD.</u> B. COUNTY <u>27-10</u>		C. CITY OR TOWN (If outside corporate limits, write FULL and give township) <u>BALTO.</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>60 2327 N. CHARLES ST.</u>		D. STREET ADDRESS (If rural, give location) <u>809 BEAUMONT AVE.</u>		5. SEX <u>F</u>	
c. Length of stay in Baltimore <u>LIFE</u>		6. COLOR OR RACE <u>N</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10B. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH <u>AUG. 17, 1874</u>	
13. FATHER'S NAME <u>FREDERICK W. WILD</u>		14. MOTHER'S MAIDEN NAME <u>BERTHA FALERSON</u>		9. AGE (In years last birthday) <u>79</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>		16. SOCIAL SECURITY NO.		11. BIRTHPLACE (State or foreign country) <u>MD.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		17. INFORMANT <u>MRS. RUTH PRICE LA COURSE</u>		ADDRESS <u>ABOVE</u>	
18. <u>331X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Cerebral Vascular Accident</u>		(A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Generalized Arteriosclerosis, Severe with Senility</u>		(B) DUE TO		<u>10 yrs.</u>	
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>0</u>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>May</u> , 19 <u>47</u> , to <u>Sept.</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Sept. 6</u> , 19 <u>53</u> , and that death occurred at <u>12</u> p.m., from the causes and on the date stated above.		23A. SIGNATURE <u>Wm. H. Kanner, Jr. M. D.</u>	
23B. ADDRESS <u>505 S. Pennsylvania Ave.</u>		23C. DATE SIGNED <u>9/11/53</u>		24A. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24B. DATE <u>9-12-1953</u>		24C. NAME OF CEMETERY OR CREMATORY <u>BALTIMORE</u>		24D. LOCATION (City, town, or county) (State) <u>BALTIMORE MD.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>SEPT 11 1953</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Kanner, Jr.</u>		25. FUNERAL DIRECTOR <u>Haw. W. Jenkins & Sons Co. 4905 York Rd</u>	

DR. W. H. KAMMER
612 W 40TH ST.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 8184**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Nina Marcum**2. DATE
OF
DEATH **Sept. 9, 1953**3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE **Maryland** B. COUNTY before admission)B. FULL NAME OF
HOSPITAL OR
INSTITUTION **Baltimore City Hospitals**
4940 Eastern Ave.C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

C. Length of stay in Baltimore

Life

D. STREET ADDRESS (If rural, give location)

4940 Eastern Ave.

5. SEX

F

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Sep.**

B. DATE OF BIRTH

Mar. 2, 19249. AGE (In years
last birthday)**29**11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Labeler**10B. KIND OF BUSINESS OR
INDUSTRY**George Frankel**

11. BIRTHPLACE (State or foreign country)

Maryland12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Wilbur J. Buggle

14. MOTHER'S MAIDEN NAME

Dec.15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.**219-10-0186**

17. INFORMANT

ADDRESS

B. C. H. 4940 Eastern Ave. (records)18. **002X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) **Post Operative hemorrhage left pleural cavity**
DUE TO **Following pneumonectomy**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION
9-9-195319B. CONDITION FOR WHICH OPERATION
WAS REPORTED
Left Upper Lobe resectionIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **10-9**, 19**50**, to **9-9**, 19**53**, that I last saw the
deceased alive on **9-9**, 19**53**, and that death occurred at **1.25 P.** m., from the causes and on the date stated above.

23A. SIGNATURE

Hege

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

9-9-5324A. BURIAL, CREMA-
TION (Specify)

24B. DATE

Sept. 12-53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cem North Ave. BaltimoreDATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Hege

25. FUNERAL DIRECTOR

ADDRESS

John Campbell Inc. 2431 E. Olney St

Records of TBC Bureau - BCHD:
Registered for advanced Pul. TBC 5/19/50
Admitted BCH 10/9/50
Patient there till death.
9/14/53 ES

53

8185

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8185

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

T. ESTELLA KNIGHT

2. DATE
OF DEATH Sept. 11, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

none

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTE location)
612 Winans WayC. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

c. Length of stay in Baltimore

life Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

612 Winans Way

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

June 28, 1873

9. AGE (In years
last birthday)

80

If Under 1 Year If Under 24 Hours
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?
U. S.

13. FATHER'S NAME

Thomas J. Kearney

14. MOTHER'S MAIDEN NAME

Isabelle Kramp

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Elmer E. Knight, Jr. 612 Winans Way

18. 332X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

2 wks.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1953, to Sept. 11, 1953, that I last saw the
deceased alive on Sept. 5, 1953, and that death occurred at 2 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Medical Arts Building (511) 9 - 11 - 53

24A. BURIAL, CREMA
TION, REMOVAL (Specify)
burial

24B. DATE

9 - 14 - 53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

John O. Mitchell & Sons, Inc.-1900 Eutaw Place

1915

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1915

1915

1915

1915

1915

1915

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1915

1915

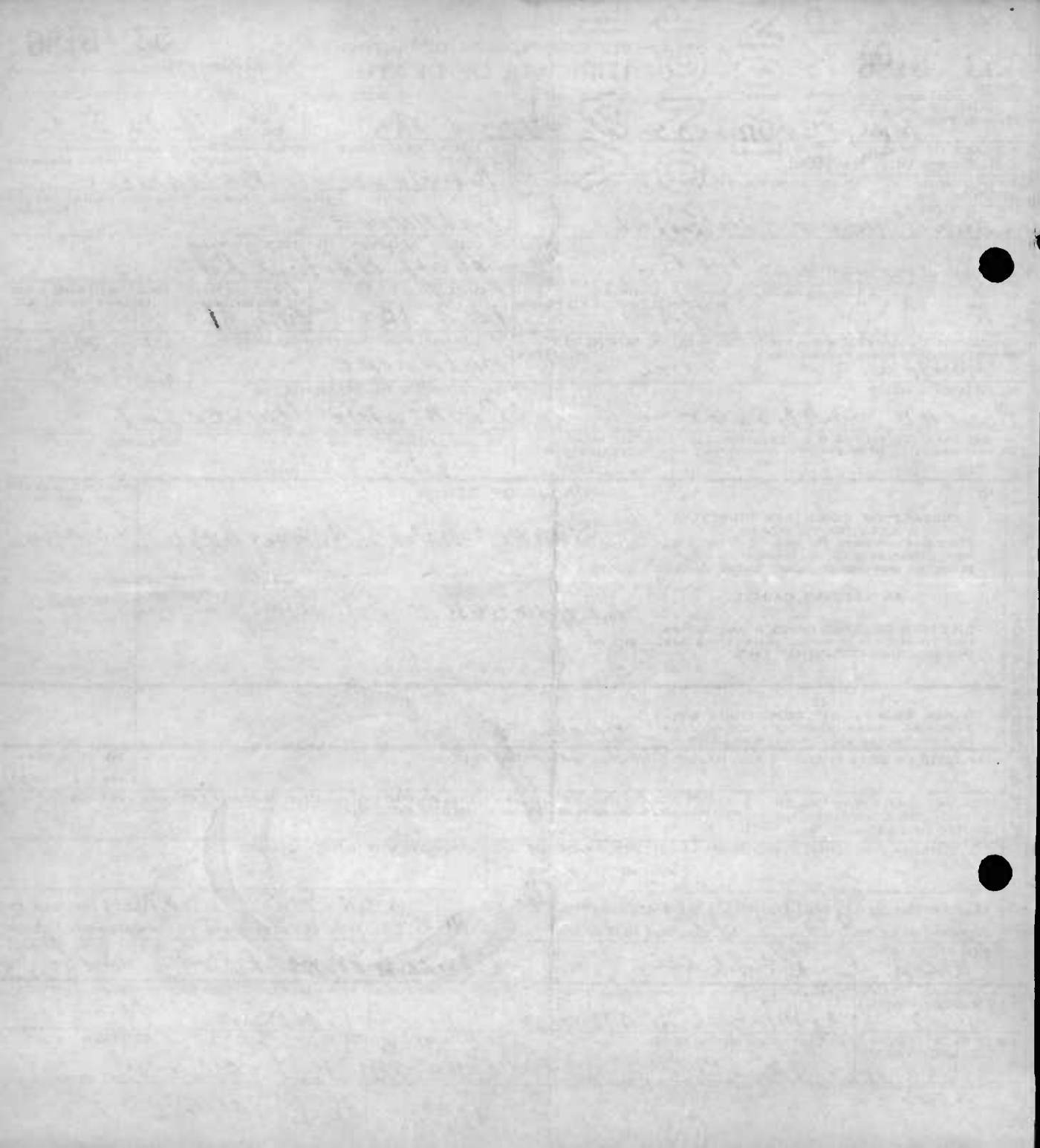
1915

1915

1915

0-520
53 8186DeOMS
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8186
Registered No.

1. NAME OF DECEASED (Type or Print) MRS CATHERINE De De OMS		2. DATE OF DEATH 9-10-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY BALTIMORE	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Church Home + Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
C. Length of stay in Baltimore LIFE		D. STREET ADDRESS (If rural, give location) 8304 Hartford Rd. 5300	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 12-2-1881
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		11. BIRTHPLACE (State or foreign country) BALTIMORE	9. AGE (In years last birthday) APR 72
10B. KIND OF BUSINESS OR INDUSTRY SAME		12. CITIZEN OF WHAT COUNTRY? USA.	
13. FATHER'S NAME CONRAD SCHLISSE		14. MOTHER'S MAIDEN NAME CATHERINE UNVERBAT	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NO INE	
17. INFORMANT Hospital Records		ADDRESS	
18. 330X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Subarachnoid hemorrhage DUE TO HyperTensive Art. Scler. Disease DUE TO Obesity		INTERVAL BETWEEN ONSET AND DEATH 15 hrs 6 yrs	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 9-9-1953 , to 9-10-1953 , that I last saw the deceased alive on 9-10-1953 , and that death occurred at 11:35 P. M. , from the causes and on the date stated above.			
23A. SIGNATURE Jack E. Callens		23B. ADDRESS Church Home + Hosp	
23C. DATE SIGNED 9-10-53			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 9/14/53	
24C. NAME OF CEMETERY OR CREMATORY BALTIMORE CEM.		24D. LOCATION (City, town, or county) (State) BALTIMORE MD	
DATE RECEIVED BY LOCAL REGISTRAR SEP 11 1953		REGISTRAR'S SIGNATURE CHARLES F. EVANS JR	
VS 150		25. FUNERAL DIRECTOR 118 W. Mt. Royal Ave	



② 5-362		CERTIFICATE CORRECTED 9-17-53	
3 8187		BALTIMORE CITY HEALTH DEPARTMENT	
BIRTH NO.		CERTIFICATE OF DEATH	
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Florence E. Starklauf		Sept. 9/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF (If not in hospital or institution, give street address or location)		A. STATE Md.	
HOSPITAL OR INSTITUTION 25 S. Fulton Ave		B. COUNTY	
C. Length of stay in Baltimore Life		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location)	
5. SEX Female		25 S. Fulton Ave	
6. COLOR OR RACE White		8. DATE OF BIRTH Dec. 21, 1881	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow		9. AGE (In years last birthday) 71	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.		11. BIRTHPLACE (State or foreign country) Balto. Md.	
10B. KIND OF BUSINESS OR INDUSTRY Own Home		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME ---Lears, Clemens H.		14. MOTHER'S MAIDEN NAME Unknown A. Theresa Blum	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	
Miss Hilda T. Starklauf, 25 S. Fulton Ave			
18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
ANTECEDENT CAUSES		INTERVAL BETWEEN ONSET AND DEATH	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) Pneumonia	
(B)		DUE TO	
(C) Cerebral accident, left			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK			
22. I hereby certify that I attended the deceased from Sept. 1952 to 9/9 1953 that I last saw the deceased alive on 9/9 1953, and that death occurred at 7:00 m., from the causes and on the date stated above.			
23A. SIGNATURE Joseph P. Roberts		23B. ADDRESS 1011 N. Charles St.	
23C. DATE SIGNED 9/11/53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sept. 12/53	
24C. NAME OF CEMETERY OR CREMATORY New Cathedral		24D. LOCATION (City, town, or county) Baltimore, Md.	
25. FUNERAL DIRECTOR		ADDRESS	
4101 Edmondson Ave.			

8010

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STATE OF TEXAS
CERTIFICATE OF DEATH

DATE

STATE OF TEXAS

53 8189		BALTIMORE CITY HEALTH DEPARTMENT		53 8189	
BIRTH NO.		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print)		William H. Gillingham		2. DATE OF DEATH Sept. 9/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) Md.		B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		9-01	
3906 Old York Rd		Baltimore			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)		3906 Old York Rd	
Life					
5. SEX Male		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	
8. DATE OF BIRTH June 26, 1874		9. AGE (In years last birthday) 79		10. Under 1 Year Months: Days	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Foreman, Box Dept.		10B. KIND OF BUSINESS OR INDUSTRY B. V. D. Co.		11. BIRTHPLACE (State or foreign country) Balto. Md.	
12. CITIZEN OF WHAT COUNTRY?		14. MOTHER'S MAIDEN NAME Alice Harvey		17. INFORMANT Miles H. Gillingham, 2809 Hilldale Av	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes, no or unknown		16. SOCIAL SECURITY NO.		ADDRESS	
18. 422.1		CAUSE OF DEATH Baltimore 15, Md.		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) Myocarditis		11 mos.	
DUE TO		-----			
ANTECEDENT CAUSES		(B) Arteriosclerosis		unknown	
DUE TO					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) -----			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?			
TIME (Month) (Day) (Year) (Hour) INJURY		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from Nov. 12, 1952, to Sept. 9, 1953, that I last saw the deceased alive on 9/7/1953, and that death occurred at 11:10 P. M., from the causes and on the date stated above.		23A. SIGNATURE Geo. W. Margatroy, M.D.		23B. ADDRESS 401 E. 25th. St. Bal to. Md.	
23C. DATE SIGNED 9/11/53.		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sept. 12/53	
24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery		24D. LOCATION (City, town, or county) Baltimore, Md.		25. FUNERAL DIRECTOR Huntington W. Williams, Harry F. Justice	
25. ADDRESS 4101 Edmondson Ave.					
DATE RECEIVED BY LOCAL REGISTRAR SEP 12 1953		REGISTRAR'S SIGNATURE			
VS 150					

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILE NO.

DATE

AGE

SEX

PLACE OF BIRTH

DATE OF BIRTH

PLACE OF DEATH

DATE OF DEATH

TIME OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

EDUCATION

OCCUPATION

RELIGION

MARRIAGE

CHILDREN

PREVIOUS ILLNESS

PREVIOUS SURGERY

PREVIOUS TRAUMA

PREVIOUS DRUGS

PREVIOUS ALCOHOL

PREVIOUS TOBACCO

PREVIOUS OTHER

PREVIOUS OTHER

PREVIOUS OTHER

PREVIOUS OTHER

PREVIOUS OTHER

PREVIOUS OTHER

PREVIOUS OTHER

PREVIOUS OTHER

PREVIOUS OTHER

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 53 8190

M-625
3 8190
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Frank Morgan</u>			2. DATE OF DEATH <u>Sept 9, 1953</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>5503 Magnolia Ave</u>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Md</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>5503 Magnolia Ave</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 27-19</u>		
C. Length of stay in Baltimore <u>Life</u>			D. STREET ADDRESS (If rural, give location) <u>5503 Magnolia Avenue</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>	8. DATE OF BIRTH <u>Dec 11, 1868</u>	9. AGE (In years last birthday) <u>84</u>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Engineer</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>Shulin Bag Co</u>		
13. FATHER'S NAME <u>Malcolm Morgan</u>			14. MOTHER'S MAIDEN NAME <u>Maddelin Sturtz</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>—</u>			16. SOCIAL SECURITY NO. <u>12-12-5088</u>		
17. INFORMANT <u>Annie B. Morgan</u>			ADDRESS <u>5503 Magnolia Ave</u>		

18. <u>331X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		<u>Left Hemiplegia</u>	<u>1 yr +</u>
(B) DUE TO		<u>Cerebral Hemorrhage</u>	<u>1 yr +</u>
(C) DUE TO		<u>Hypertension</u>	<u>Unknown</u>
(D) DUE TO		<u>Arterio Sclerosis</u>	<u>—</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from July 12, 1952 to Sept 9, 1953 that I last saw the deceased alive on 9-8-1953, and that death occurred at P. m., from the causes and on the date stated above.

23A. SIGNATURE C. D. Embor M. O. 7201 York Rd 23B. ADDRESS 9-11-53 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>Sept 12/53</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Trinity Ridge</u>		24D. LOCATION (City, town, or county) (State) <u>Baltimore Maryland</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>SEP 12 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>		25. FUNERAL DIRECTOR <u>Spring Cypress</u>		ADDRESS <u>5005 Park Heights Ave</u>	

MEDICAL CERTIFICATION

100-100000-100000

[Faint, mostly illegible text covering the main body of the document, possibly a report or letter. Some words like "TO:", "FROM:", and "SUBJECT:" are faintly visible.]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8191
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lillie B. Dixon

2. DATE
OF
DEATH

Sept. 10, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write full name and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2023 Druid Hill Avenue

c. Length of stay in Baltimore

50yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Oct. 17, 1891

9. AGE (In years
last birthday)

62

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Receptionist

10B. KIND OF BUSINESS OR
INDUSTRY

Funeral Home

11. BIRTHPLACE (State or foreign country)

Poolesville, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William W. Duffin

14. MOTHER'S MAIDEN NAME

Harriet M. Leak

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Inez Dixon-2023 Druid Hill Ave

18.

443X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Cerebral thrombosis with
bilateral hemiplegiaINTERVAL BETWEEN
ONSET AND DEATH

2 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Hypertensive cardio-vascular
disease

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-28, 1953, to 9-10, 1953, that I last saw the
deceased alive on 9-10, 1953, and that death occurred at 4:20 m., from the causes and on the date stated above.

23A. SIGNATURE

Ch. Campbell

M. D.

23B. ADDRESS

718 Dolphin St.

23C. DATE SIGNED

9-10-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 12, 1953

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Mem.

24D. LOCATION (City, town, or county)

Baltimore Co., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

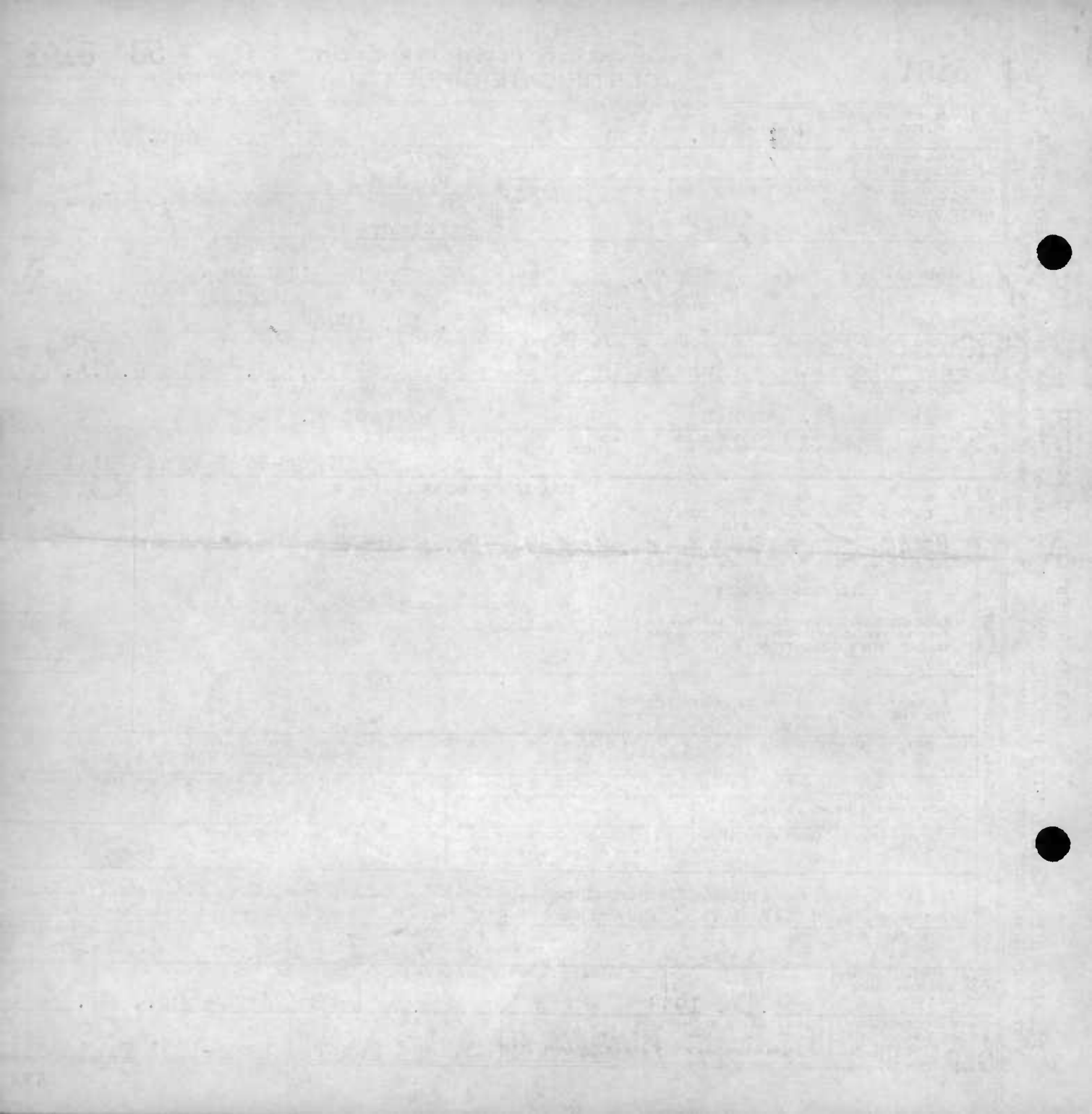
Holland Funeral Home-1631 Druid Hill

SEP 12 1953

VS 150

390 FF

Ave.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 8192
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James Carberry

2. DATE
OF
DEATH

28.8.1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address and location)
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

446 Oxford Court

c. Length of stay in Baltimore

51 mos.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Waiter

10B. KIND OF BUSINESS OR INDUSTRY

Ind. Club

11. BIRTHPLACE (State or foreign country)

St. Mary's Co. Ind.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13. FATHER'S NAME

Henry Carberry

14. MOTHER'S MAIDEN NAME

Elizabeth Hill

15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown)

16. SOCIAL SECURITY NO.

216-10-6344

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 177X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Adrenal Insufficiency

5 mos

DUE TO

At Adrenal ectomy

ANTECEDENT CAUSES

(B)

Adreno-renal splenic shunt

5 mos

DUE TO

Carcinoma of Prostate

3 1/2 yrs

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic C-V Disease

19A. DATE OF OPERATION

3/23/53, 4/13/53

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

Ca of Prostate

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK

NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-24, 1953 to 9/8, 1953 that I last saw the deceased alive on 9/8, 1953, and that death occurred at 6:25 p.m., from the causes and on the date stated above

23A. SIGNATURE

William Brannan

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

9/9/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9/12/53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral C.

24D. LOCATION (City, town, or county)

Balto. Maryland

DATE RECEIVED BY LOCAL REGISTRAR

SEPT 21 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

George H. Holland

ADDRESS

1631 David Hill

THE UNIVERSITY OF CHICAGO

1883

[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side.]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-630
53 8193BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 8193

BIRTH NO. 5321612

1. NAME OF DECEASED
(Type or Print)

Baby (Girl) Hurtt

2. DATE
OF
DEATH

Sept-8-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

4305 York Rd

c. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Yrs.
Mos.
Days

8. DATE OF BIRTH

9-7-53

9. AGE (In years last birthday)

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Charles Hurtt

14. MOTHER'S MAIDEN NAME

Shirley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 776x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-8, 1953, to 9-8, 1953, that I last saw the deceased alive on 9-8, 1953, and that death occurred at 8:15 p.m., from the causes and on the date stated above

23A. SIGNATURE

Paul M. Taylor M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

9-9-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

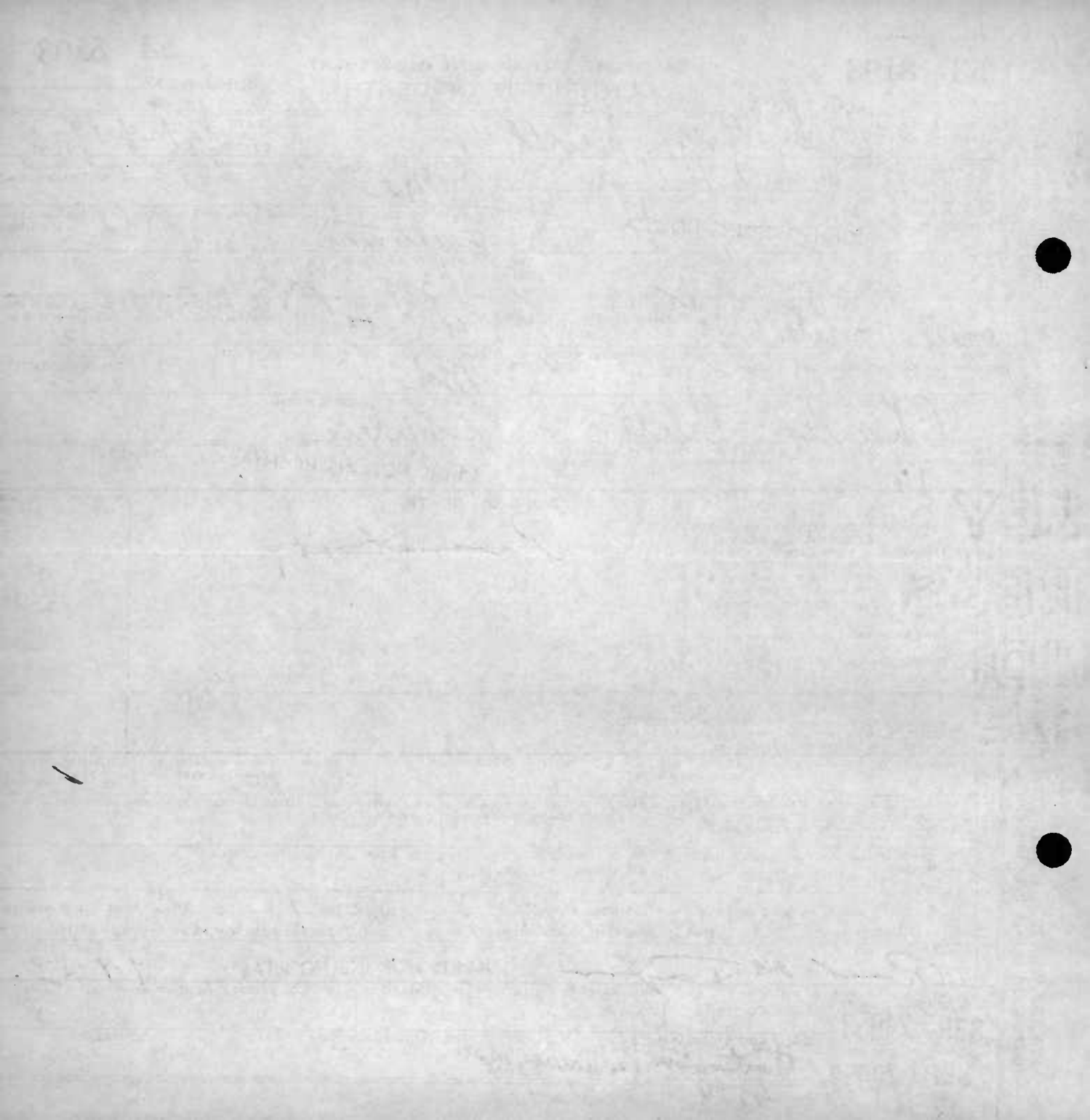
ADDRESS

SEP 12 1953

Huntington Williams, M.D.

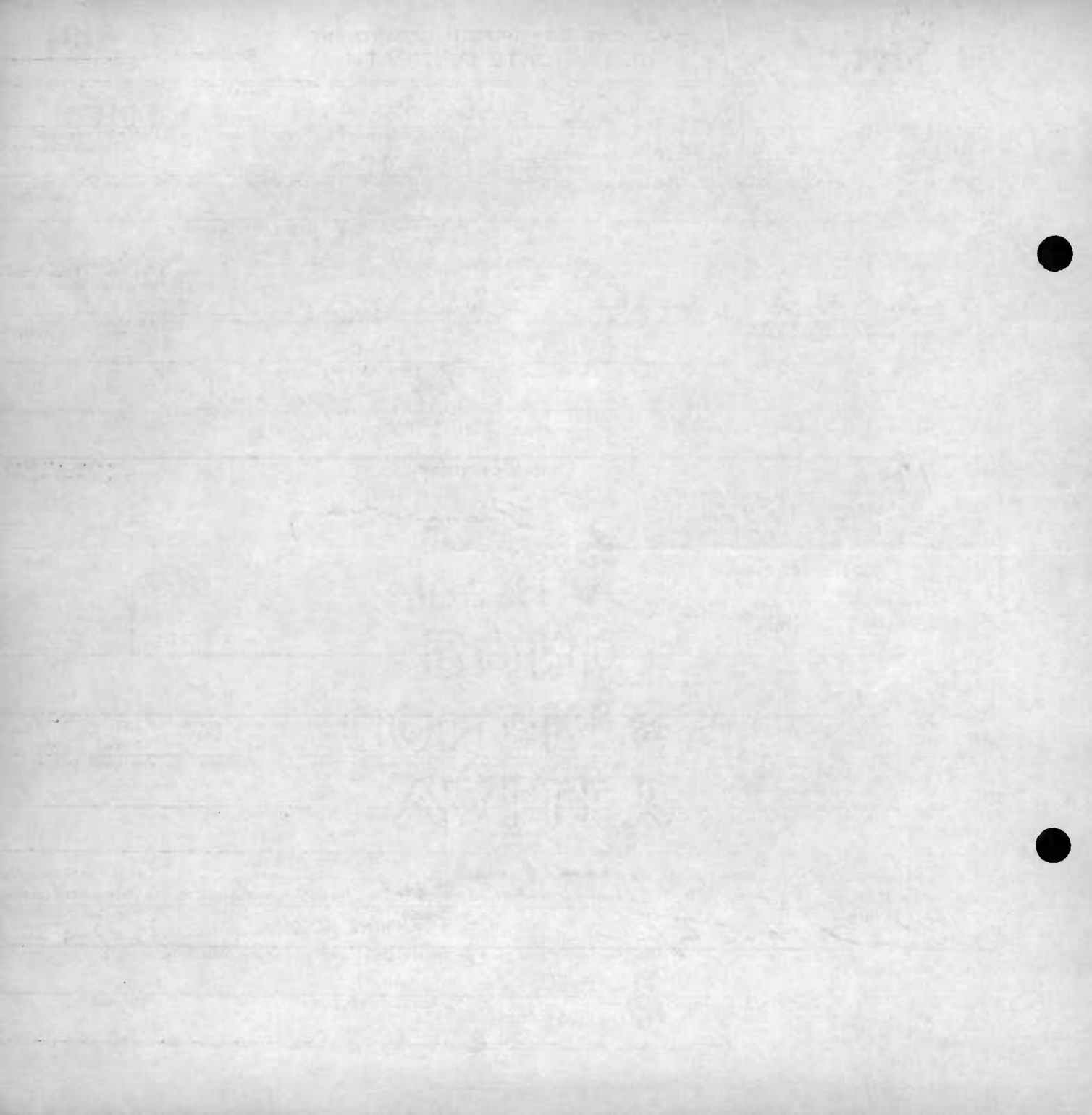
VS 150

Hospital Disposal



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				53 8194 Registered No.
1. NAME OF DECEASED (Type or Print)		Baby Isid Lipscomb		2. DATE OF DEATH Sep 3, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland		B. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)		
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		A. STATE Md.		
C. CITY OR TOWN Baltimore		B. COUNTY Baltimore		
D. STREET ADDRESS (If rural, give location) 202 Woodlawn Circle				
c. Length of stay in Baltimore	Yrs. Mos. Days			
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sep 2, 1953	9. AGE (In years last birthday) 14
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Md.	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME ?		14. MOTHER'S MAIDEN NAME Helen Lipscomb		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT JOHNS HOPKINS HOSPITAL
18. 776x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Penetrating				INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 9/2, 1953, to 9/3, 1953, that I last saw the deceased alive on 9/3, 1953, and that death occurred at 2:45 A.M., from the causes and on the date stated above.				
23A. SIGNATURE Paul M. Taylor		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 7-7-53
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY Harp Dryden
24D. LOCATION (City, town, or county)		24E. FUNERAL DIRECTOR Huntington Williams, M.D.		
DATE RECEIVED BY LOCAL REGISTRAR SEP 12 1953		ADDRESS		



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8195
Registered No. 53 8195

1. NAME OF DECEASED (Type or Print) Baby Boy- Riggs "A" -Rose Marie		2. DATE OF DEATH 9-4-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 532 Oxford St. -1	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 9-4-53
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min. 1
11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Lawrence Coxson		14. MOTHER'S MAIDEN NAME Rose Marie Riggs	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT B. C. H. Records, 4940 Eastern Ave.
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION 9-8-53	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-4-53 , 19__, to 9-4-53 , 19__, that I last saw the deceased alive on 9-4-53 , 19__, and that death occurred at 9:55pm , from the causes and on the date stated above.			
23A. SIGNATURE <i>H. J. Williams</i>		23B. ADDRESS 4940 Eastern Ave.	23C. DATE SIGNED 9-8-53
24A. BURIAL, CREMATION, REMOVAL (Specify) cremated	24B. DATE 9-8-53	24C. NAME OF CEMETERY OR CREMATORY B. C. H. crematory	24D. LOCATION (City, town, or county) (State) 4940 Eastern Ave.
DATE RECEIVED BY LOCAL REGISTRAR SEPT 21 1953	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR 108194	

(continued)

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• *Journal of the American Medical Association*, 1994; 271: 1000-1001

— *Journal of Management Education* 25(1)

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 8196**R-200
JL-174276
53 8196 53-21553
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Baby Boy- Riggs "B2" - Rose Marie			2. DATE OF DEATH 9-4-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 532 Oxford St. -1					
c. Length of stay in Baltimore Life			Yrs. Mos. Days		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 9-4-53	9. AGE (In years last birthday)	11 Under 1 Year Months Days 11 Under 24 Hours Hours Min. 1
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Lawrence Coxson			14. MOTHER'S MAIDEN NAME Rose Marie Riggs		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS B. C. H. Records, 4940 Eastern Ave.		
18. 776x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION 9-4-53		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-4-53 , 19__, to 9-4-53 , 19__, that I last saw the deceased alive on 9-4-53 , 19__, and that death occurred at 11.15pm from the causes and on the date stated above.					
23A. SIGNATURE H. J. [Signature]		23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED 9-8-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) cremated		24B. DATE 9-8-53		24C. NAME OF CEMETERY OR CREMATORY B. C. H. crematory	
24D. LOCATION (City, town, or county) (State) 4940 Eastern Ave.					
DATE RECEIVED BY LOCAL REGISTRAR SEP 12 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS 8196	

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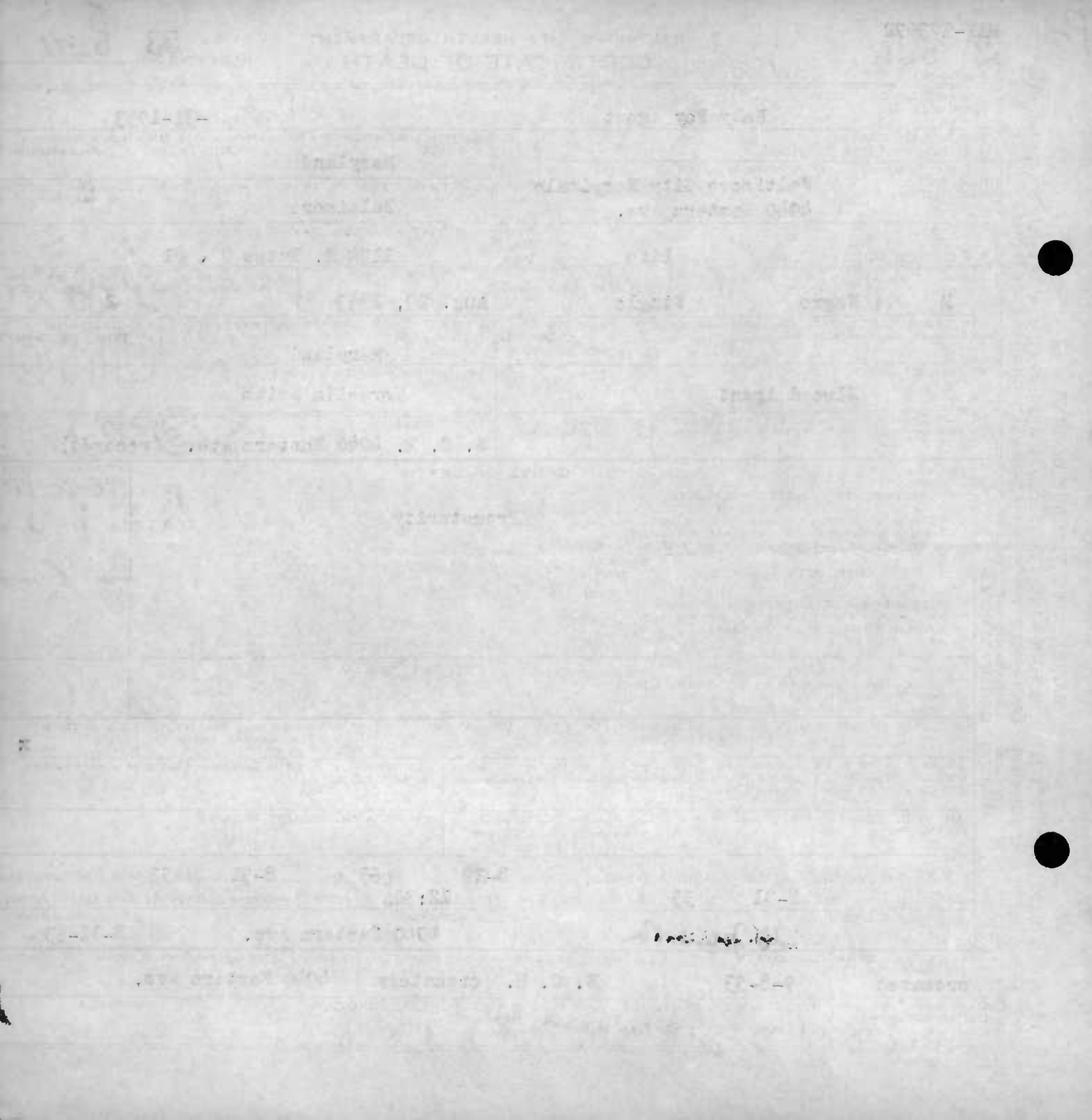
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MAF 1732253
53 8197
BIRTH NO. 53-20480

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8197

1. NAME OF DECEASED (Type or Print) Baby Boy Agent			2. DATE OF DEATH 8-31-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write R. R. and give township) Baltimore		
c. Length of stay in Baltimore life			D. STREET ADDRESS (If rural, give location) 1124 N. Eutaw St. #1		
5. SEX M	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 29, 1953		9. AGE (In years last birthday) 2 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Elwood Agent			14. MOTHER'S MAIDEN NAME Cornelia Smith		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS B. C. H. 4940 Eastern Ave. (records)		
18. 776x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) (C)					INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8-29 , 19 53 , to 8-31 , 19 53 that I last saw the deceased alive on 8-31 , 19 53 , and that death occurred at 12:30A m., from the causes and on the date stated above.					
23A. SIGNATURE H. John R.		23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED 8-31-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) cremated		24B. DATE 9-8-53		24C. NAME OF CEMETERY OR CREMATORY B. C. H. crematory	
24D. LOCATION (City, town, or county) (State) 4940 Eastern Ave.					
DATE RECEIVED BY LOCAL REGISTRAR SEP 12 1953		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		FUNERAL DIRECTOR ADDRESS	



P-630

3 8198

BALTIMORE CITY HEALTH DEPARTMENT

53 8198

CERTIFICATE OF DEATH

Registered No.

IRTH NO. 53-21277

NAME OF DECEASED
(Type or Print)

Infant

Pratt

2. DATE
OF
DEATH

Sept. 5, 1953

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

STITUTION

Providence Hospital

Yrs.
Mos.
Days

Length of stay in Baltimore

5 hrs.

SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Sept 5, 1953

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto., md

12. CITIZEN OF
WHAT COUNTRY?

FATHER'S NAME

Julius

Senoni

14. MOTHER'S MAIDEN NAME

Rozetta Edna Pratt

WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

mother

same

18. 776x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Prematurity (1 lb 4 1/2 oz)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

miscarriage

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 9/5 1953, to 9/5, 1953, that I last saw the
deceased alive on 9/5, 1953, and that death occurred at 1:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

A. BURIAL, CREMA-
N, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

TE RECEIVED BY
CAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 12 1953

Huntington Williams, M.D.

8197

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B-260
3 8199BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8199
Registered No.

IRTH NO. 53-20930

NAME OF DECEASED
(Type or Print)

Baker

2. DATE
OF DEATH Sept 2, 1953

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Provident Hospital

Length of stay in Baltimore

5 hrs.

Yrs.
Mos.
Days

SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)10b. KIND OF BUSINESS OR
INDUSTRY

FATHER'S NAME

Henry

Baker

WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

Sept 2, 1953

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Balto, md.

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Elaine Garrett

17. INFORMANT

Mother

ADDRESS

Same address

18. 761.5

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Anoxia - a teleflex, 4 hrs

DUE TO

Bruch Delay - 2 hrs

(B)

card. pneumonia - 2 hrs

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/2, 1953, to 9/2, 1953, that I last saw the
deceased alive on 9/2, 1953 and that death occurred at 7:23 m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Louis Jones

23B. ADDRESS

1100 Druid Hill Ave.

23C. DATE SIGNED

9/2/53

A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

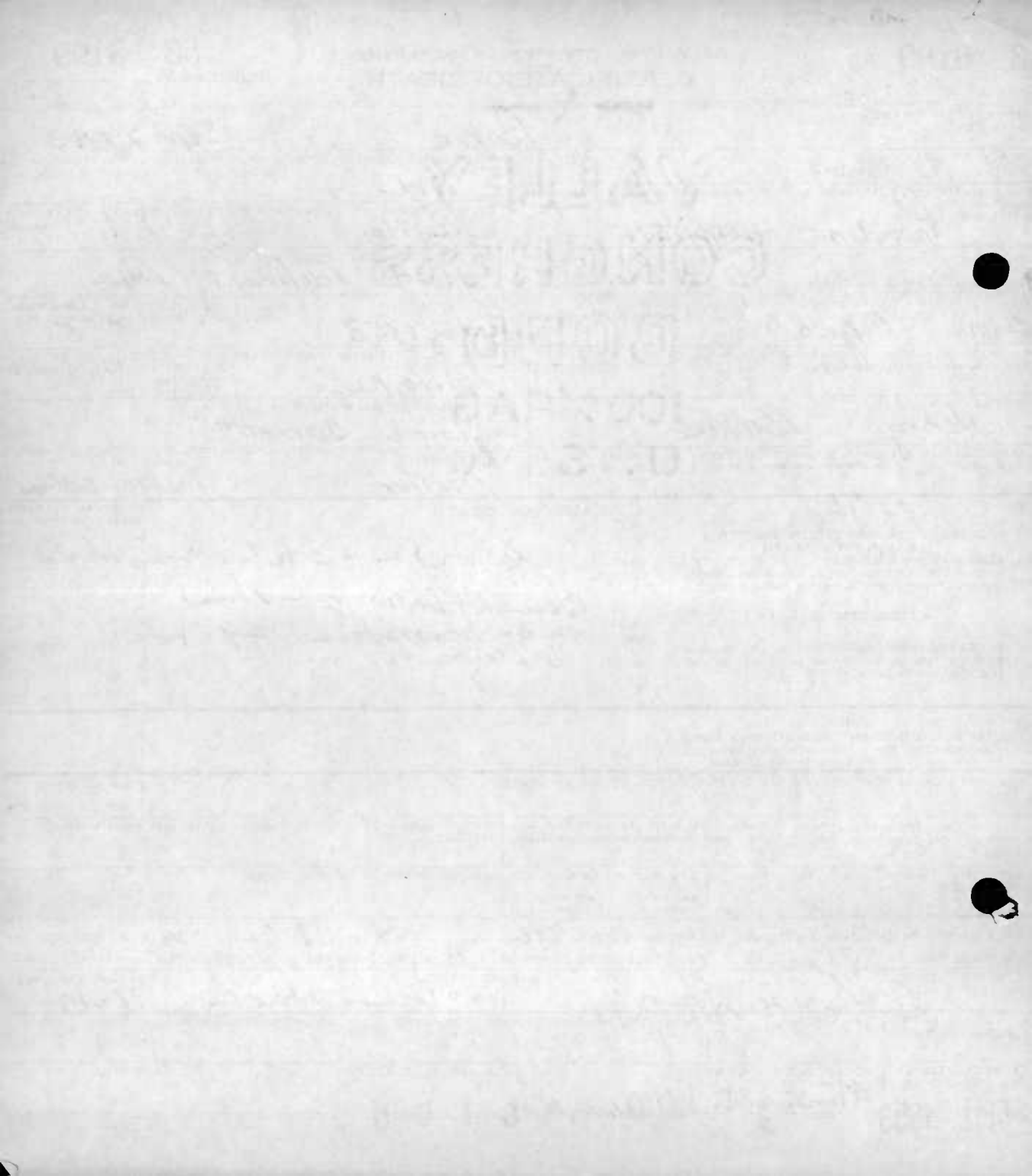
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

SEP 12 1953

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MAY DOA 610

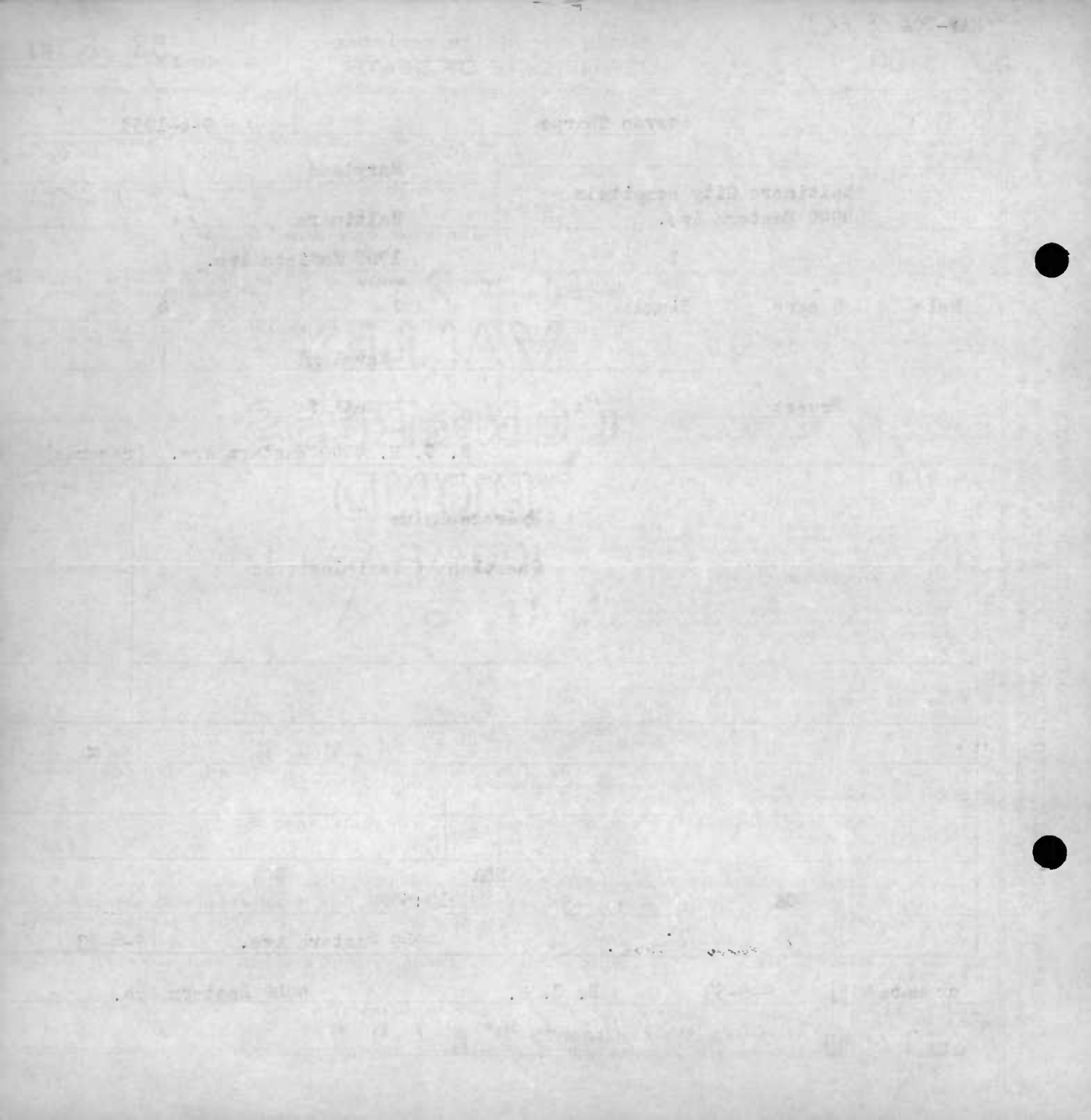
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8200

BIRTH NO. 53 8200

53-10075

1. NAME OF DECEASED (Type or Print) Steven Sharpe			2. DATE OF DEATH 9-6-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore ? Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1708 Madison Ave.		
5. SEX Male	6. COLOR OR RACE N negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH ?	9. AGE (in years last birthday) 4	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Ernest			14. MOTHER'S MAIDEN NAME Ruth ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS B. C. H. 4940 Eastern Ave. (records)		
18. 752X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hydrocephalus DUE TO Question of Toxipiasmosis ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONOITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION ✓		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from DOA , 19__, to DOA , 19__, that I last saw the deceased alive on DOA , 19__, and that death occurred at 10:50Pm. , from the causes and on the date stated above.					
23A. SIGNATURE <i>Dr. J. W. R...</i>		23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED 9-8-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) cremated		24B. DATE 9-9-53		24C. NAME OF CEMETERY OR CREMATORY B. C. H.	
24D. LOCATION (City, town, or county) (State) 4940 Eastern Ave.		25. FUNERAL DIRECTOR ADDRESS Huntington Williams, M.D.			
DATE RECEIVED BY LOCAL REGISTRAR SEP 12 1953		VS 150			



MAT-12367543

BALTIMORE CITY HEALTH DEPARTMENT

53 8201

CERTIFICATE OF DEATH

Registered No. 53 8201

1. NAME OF DECEASED
(Type or Print)

Baby Boy Cofield

2. DATE OF DEATH Aug. 26, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Baltimore City Hospitals
4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
1633 Pierce St. #23

C. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Single

B. DATE OF BIRTH

Aug. 21, 1953

9. AGE (In years last birthday) If Under 1 Year Months: Days If Under 24 Hours Hours Min.
5

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James Cofield

14. MOTHER'S MAIDEN NAME

Lottie Tyson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
B. C. H. 4940 Eastern Ave. (records)

18. 768.5

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Prematurity
Septicemia

6 days
2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-21, 1953 to 8-26, 1953, that I last saw the deceased alive on 8-26, 1953, and that death occurred at 7:50A m., from the causes and on the date stated above.

23A. SIGNATURE

H. John Day

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

8-26-1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Cremated

24B. DATE 9am

9-3-53

24C. NAME OF CEMETERY OR CREMATORY

B. C. H. crematory

24D. LOCATION (City, town, or county) (State)

4940 Eastern Ave.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 1 2 1953

Huntington W. Williams, M.D. 8 2 0 0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

8801

23

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

8801

W-1-1975

DATE OF DEATH
APR. 24, 1975

NAME OF DECEASED
JAMES BOLTON

RESIDENCE
BALTIMORE

DECEASED'S ADDRESS
1000 EASTERN AV.
BALTIMORE, MD. 21201

DATE OF BIRTH
JULY 11, 1917

PLACE OF BIRTH
BALTIMORE, MD.

DATE OF DEATH
APR. 24, 1975

PLACE OF DEATH
BALTIMORE, MD.

CAUSE OF DEATH
HEART DISEASE

PLACE OF DEATH
BALTIMORE, MD.

DATE OF DEATH
APR. 24, 1975

NAME OF DECEASED
JAMES BOLTON

DATE OF DEATH
APR. 24, 1975

NAME OF DECEASED
JAMES BOLTON

DATE OF DEATH
APR. 24, 1975

NAME OF DECEASED
JAMES BOLTON

DATE OF DEATH
APR. 24, 1975

NAME OF DECEASED
JAMES BOLTON

DATE OF DEATH
APR. 24, 1975

NAME OF DECEASED
JAMES BOLTON

DATE OF DEATH
APR. 24, 1975

NAME OF DECEASED
JAMES BOLTON

DATE OF DEATH
APR. 24, 1975

NAME OF DECEASED
JAMES BOLTON

DATE OF DEATH
APR. 24, 1975

NAME OF DECEASED
JAMES BOLTON

DATE OF DEATH
APR. 24, 1975

NAME OF DECEASED
JAMES BOLTON

DATE OF DEATH
APR. 24, 1975

NAME OF DECEASED
JAMES BOLTON

DATE OF DEATH
APR. 24, 1975

NAME OF DECEASED
JAMES BOLTON

DATE OF DEATH
APR. 24, 1975

NAME OF DECEASED
JAMES BOLTON

DATE OF DEATH
APR. 24, 1975

NAME OF DECEASED
JAMES BOLTON

DATE OF DEATH
APR. 24, 1975

NAME OF DECEASED
JAMES BOLTON

DATE OF DEATH
APR. 24, 1975

NAME OF DECEASED
JAMES BOLTON

DATE OF DEATH
APR. 24, 1975

NAME OF DECEASED
JAMES BOLTON

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH			Registered No. 53 8202	
BIRTH NO. 53 8202 19389				
1. NAME OF DECEASED (Type or Print) Baby Boy Harris			2. DATE OF DEATH 8-24-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern, Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) Chase, Md.	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	B. DATE OF BIRTH 8-19-53	9. AGE (In years last birthday) 6 5
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) Maryland	
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? Grace Cooper	
13. FATHER'S NAME Cornelius Harris			14. MOTHER'S MAIDEN NAME Grace Cooper	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.	
17. INFORMANT B. C. H. 4940 Eastern, Ave			ADDRESS	
18. 768.5 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity Septicemia				INTERVAL BETWEEN ONSET AND DEATH 6 days 1 day
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 8-19-53 , 19 53 , to 8-24 , 19 53 that I last saw the deceased alive on 8-24 , 19 53 , and that death occurred at 12:15a m., from the causes and on the date stated above.				
23A. SIGNATURE <i>John P. ...</i>		23B. ADDRESS 4940 Eastern, Ave Balto. Md.		23C. DATE SIGNED 8-24-53
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremated	24B. DATE 9-3-53 @9am	24C. NAME OF CEMETERY OR CREMATORY B. C. H. Crematory	24D. LOCATION (City, town, or county) (State) 4940 Eastern Ave.	
DATE RECEIVED BY LOCAL REGISTRAR SEPT 2 1953		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR 8201

... ..

53 8203

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8203

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)LEWIS, H.
LOUIS

HERVIT

2. DATE
OF
DEATH

Sept. 9, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland PUNNELL DRIVE

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Lutheran Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

5111 Gwynn Oak Avenue

c. Length of stay in Baltimore

31 Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

1/17/1921

9. AGE (in years
last birthday)

32

10. Under 1 Year
Months: Days

7

22

11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

expidator-placing parts

10B. KIND OF BUSINESS OR
INDUSTRY

Glen L. Martins

11. BIRTHPLACE (State or foreign country)

Providence, Rhode Island

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Louis H. Hervit, Sr.

14. MOTHER'S MAIDEN NAME

Hazel Major

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

YES

W. W. 1-1

16. SOCIAL
SECURITY NO.

218-03-8049

17. INFORMANT

ADDRESS

Mrs. Hazel Hervit, 5111 Gwynn Oak Ave.

18. E 976 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Gunshot wound of chest

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)
picnic area-in car21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?
Purnell Drive Picnic Area

21D. TIME (Month) (Day) (Year) (Hour)

Sept. 9, 1953 7:00 P.m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Shot self in chest

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

Joseph P. Jankovich

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Sept. 10, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

9/14/53

24C. NAME OF CEMETERY OR CREMATORY

Balto National Cem. Frederick Ave

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

19530909

25. FUNERAL DIRECTOR

Chas P. Towell, 6411 Winkler Mill Rd.

ADDRESS

VS 151

N 862.4

390 3T

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1082

8

RECEIVED
OFFICE OF THE
DIRECTOR

1082

RECEIVED

OFFICE OF THE
DIRECTOR

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

53 8204

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8204
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Elsie May Grauer

2. DATE
OF
DEATH

Sept 11, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3000 Erdman Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3000 Erdman Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Feb. 28, 1890

9. AGE (In years;
last birthday)

63

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William B. Harcourt

14. MOTHER'S MAIDEN NAME

Florence Adams

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. John H. Grauer, 3000 Erdman Ave

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Hypertensive Cardio-vascular
Disease

16 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriosclerosis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-28-1953 to 9-11-1953, that I last saw the
deceased alive on 9-9-1953 and that death occurred at 11:40 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Juelius E. Lang

M. D.

23B. ADDRESS

2117 Belair Rd

23C. DATE SIGNED

9-12-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept 14, 1953

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston W. Williams

25. FUNERAL DIRECTOR

Leonard J. Ruck, 5305 Harford Rod.

ADDRESS

SEP 12 1953

VS 150

1083 22

1933, 11, 19

1933, 11, 19

1933, 11, 19

1933, 11, 19

1933, 11, 19

1933, 11, 19

1933, 11, 19

1933, 11, 19

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1933, 11, 19

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1933, 11, 19

1933, 11, 19

1933, 11, 19

1933, 11, 19

1933, 11, 19

1933, 11, 19

1933, 11, 19

Dr. Lang
Belair Rd.

-550
8205BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8205
Registered No.

IRTH NO.

NAME OF DECEASED
(Type or Print)PLACE OF DEATH:
Baltimore City, MarylandFULL NAME OF
(If not in hospital or institution, give street address or location)OSPITAL OR
STITUTION

Length of stay in Baltimore

SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

Asst Manager

10B. KIND OF BUSINESS OR
INDUSTRY

A & P Tea Co

FATHER'S NAME

John A. LANAHAN

WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH¹
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/22, 1951, to 9/11, 1953, that I last saw the
deceased alive on 9/11, 1953, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Sue Smith

M. D.

23B. ADDRESS
1223 E. North Ave23C. DATE SIGNED
9/11/53A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept 14-1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem

24D. LOCATION (City, town, or county)

BALTIMORE Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Edmund Luck

ADDRESS

5305 Hayford Rd

SEP 12 1953

Dr Smith
1773 & Worth

F-550

3 8206

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8206

NAME OF DECEASED
(Type or Print)

MRS. ELSIE GUINAN

2. DATE
OF
DEATH

9-11-53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

Mercy Hospital, Inc.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

Md.

B. COUNTY

Baltimore City

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-16

D. STREET ADDRESS (If rural, give location)

3120 Oakford Ave, Balto. 15

Length of stay in Baltimore 51 yrs

Yrs.
Mos.
DaysSEX
F6. COLOR OR RACE
W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married8. DATE OF BIRTH
5-6-959. AGE (In years,
last birthday)
5810. Under 1 Year
Months: Days
11. Under 24 Hours
Hours: Min.A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

FATHER'S NAME

KOENIG, JOSEPH

14. MOTHER'S MAIDEN NAME

ANGUSTA ?

WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Self

ADDRESS

18. 223 X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hemorrhage

DUE TO

2 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Craniotomy

DUE TO

Meningioma, brain

2 hrs 20 min
at least
6 months

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

9-11-53

19B. MAJOR FINDINGS OF OPERATION

Meningioma, rt. side of brain, large

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-1-53, 19__, to 9-11, 1953, that I last saw the
deceased alive on 9-11, 1953, and that death occurred at 11:40 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Charles F. Carroll, Jr., M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

9-11-53

A. BURIAL, CREMA-
N, REMOVAL (Specify)

24B. DATE

Sept. 15, 1953

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

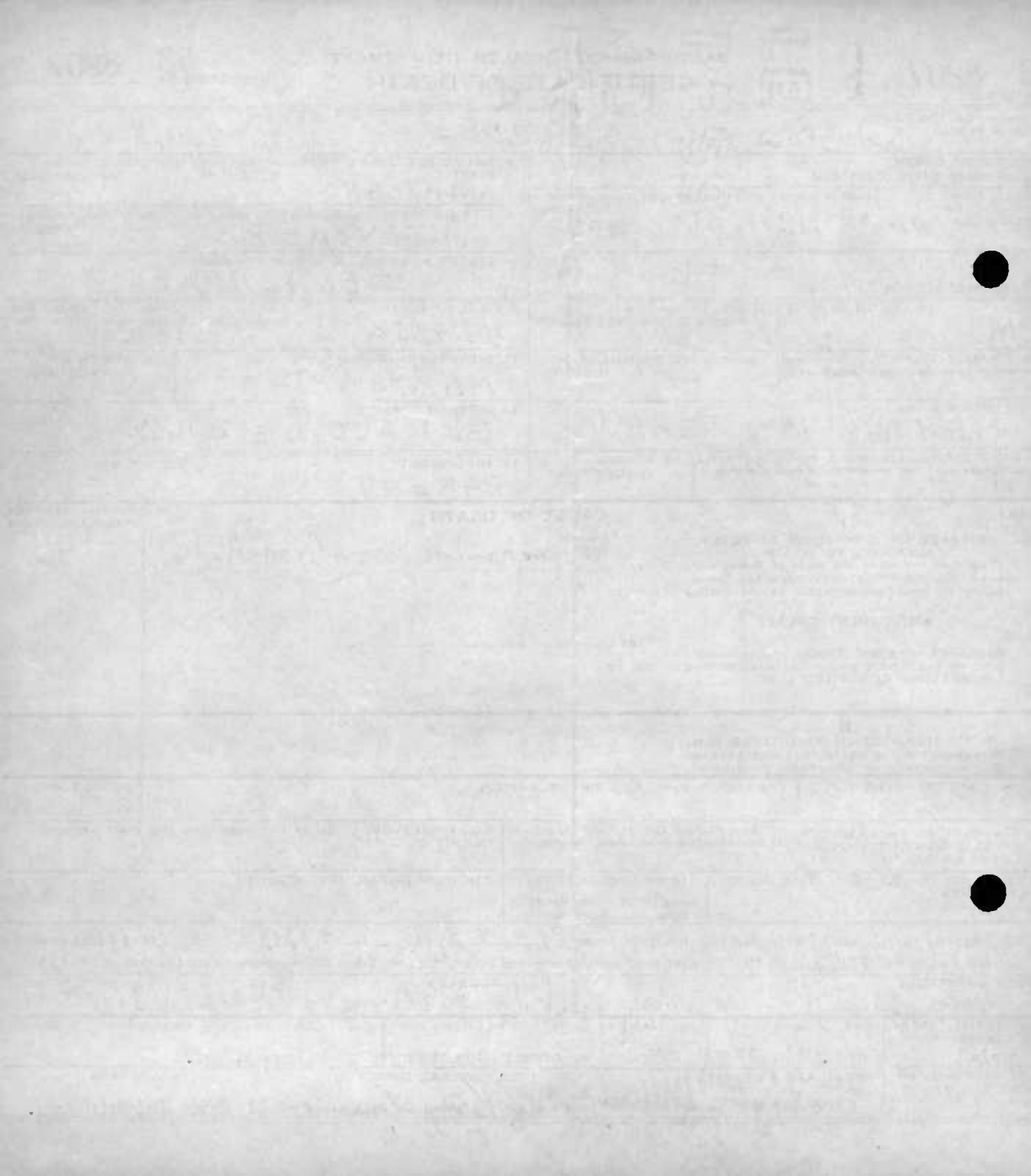
Huntington 5 Williams, M.D. Vernon Lemmon

25. FUNERAL DIRECTOR

ADDRESS

4611 Park Heights Ave.

BALTIMORE CITY HEALTH DEPARTMENT		53 8207	
CERTIFICATE OF DEATH		Registered No. 53 8207	
NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
RONALD BRAY GEHRING		9/11/53	
PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
FULL NAME OF (If not in hospital or institution, give street address or location)		A. STATE MARYLAND B. COUNTY Baltimore	
HOSPITAL OR INSTITUTION UNION MEMORIAL HOSP.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
Length of stay in Baltimore LIFE		D. STREET ADDRESS (If rural, give location)	
SEX M		6810 BLENHEIM ROAD	
6. COLOR OR RACE W		8. DATE OF BIRTH 10/19/52	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S		9. AGE (In years last birthday) 10 23	
A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) MARYLAND	
10a. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? US	
FATHER'S NAME JOHN WILLIAM GEHRING		14. MOTHER'S MAIDEN NAME GERALDINE BRAY	
WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT PARENTS		ADDRESS SAME	
18. 501X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
ANTECEDENT CAUSES		T. tracheobronchitis	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		INTERVAL BETWEEN ONSET AND DEATH 6 days	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 9/6/53, 19, to 9/11/53, 19, that I last saw the deceased alive on 9/11/53, 19, and that death occurred at 5:40 A. M., from the causes and on the date stated above.			
23A. SIGNATURE Henry L. Knock, Jr.		23B. ADDRESS 4111 Union Memorial Hosp.	
23C. DATE SIGNED 9/11/53			
A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 14, 1953	
24c. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery		24d. LOCATION (City, town, or county) Baltimore, Md.	
25. FUNERAL DIRECTOR		ADDRESS	
Huntington Williams, M.D.		4611 Park Heights Ave.	



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 8208**

BIRTH NO. **8208**

1. NAME OF DECEASED (Type or Print) NORMAN MURRAY		2. DATE OF DEATH Sept. 9, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 3212 Cherry Lane Road	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 26, 1938
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 14
13. FATHER'S NAME Irvin Murray		11. BIRTHPLACE (State or foreign country) Baltimore Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		14. MOTHER'S MAIDEN NAME Mildred Scott	
16. SOCIAL SECURITY NO.		12. CITIZEN OF WHAT COUNTRY?	
17. INFORMANT Mildred Murray		ADDRESS 3212 Cherry Lane	

18. E 929.8 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH Drowning
ANTECEDENT CAUSES	INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Pulmonary edema

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) water		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Lawrence's Foundry-Chesapeake & 2nd St.	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Sept. 9, 1953 1:00 P. m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Dove overboard and drowned	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Joseph G. Jachimczyk		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/>		23C. DATE SIGNED Sept. 10, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sept. 12, 1953		24C. NAME OF CEMETERY OR CREMATORY Mt. Green Cemetery C. A. County Md.	
24D. LOCATION (City, town, or county) (State) Baltimore Md.		24E. NAME OF REGISTRAR Huntington Williams		24F. NAME OF FUNERAL DIRECTOR 11297 Caroline St	
DATE RECEIVED BY LOCAL REGISTRAR SEP 12 1953		ADDRESS 11297 Caroline St			

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W-340

53 8209

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 8209

BIRTH NO. 53-20637

1. NAME OF DECEASED (Type or Print) GIRL WHITELY			2. DATE OF DEATH 9/10/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY 909		
B. FULL NAME OF HOSPITAL OR INSTITUTION 422 SINAI			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1817 N. Spring St		
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH AUG 27 1953	9. AGE (In years last birthday) 14	10. Under 1 Year Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Sinai			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Ervin Whitely			14. MOTHER'S MAIDEN NAME Dorothy Drake		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Ervin Whitely			ADDRESS 1817 N. Spring St		
18. 768.5 CAUSE OF DEATH					INTERVAL BETWEEN ONSET AND DEATH 3 days.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) P DUE TO					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Possible Sepsis DUE TO					
(C) Prematurity					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 9		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8/27 , 19 53 , to 9/10 , 19 53 , that I last saw the deceased alive on 9/9 , 19 53 , and that death occurred at 2030 p. m., from the causes and on the date stated above.					
23A. SIGNATURE Malcolm L. Robbins		23B. ADDRESS Sinai Hosp.		23C. DATE SIGNED 9/10/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sep 12-53		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Em. A. G. Co	
24D. LOCATION (City, town, or county) (State) Ind		25. FUNERAL DIRECTOR Rayner Sanders			
DATE RECEIVED BY LOCAL REGISTRAR SEP 12 1953		REGISTRAR'S SIGNATURE Huntington Williams			
VS 150 217 E. Preston St					

REPUBLIC OF TEXAS
OFFICE OF THE COMMISSIONER OF LANDS

VALLEY
COMMISSION
SECOND

M-252
53 8210BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8210

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM P. MEEKINS

2. DATE
OF
DEATH

Sept. 11, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

534 N. Milton Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give

Balto.

township)

D. STREET ADDRESS (If rural, give location)

534 N. Milton Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Oct. 13, 1887

9. AGE (in years

last birthday)

65

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

? (Rtd)

10B. KIND OF BUSINESS OR
INDUSTRY

Transit Co.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John D. Meekins

14. MOTHER'S MAIDEN NAME

Mary E. Cochran

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or date of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Wm. P. Meekins-534 N. Milton Ave.

18. 350X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Uremia

Hypertensive C. V. D.

Parkinsonism

6 days

?

?

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

Cardiac enlargement

!

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐

WORK

NOT WHILE ☐

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/2 50, to 9/11 53, that I last saw the
deceased alive on 9/11 53 and that death occurred at 11:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

L. J. Meekins

M. D.

23B. ADDRESS

2623 E. Monument St.

23C. DATE SIGNED

9/12/53

24A. BURIAL, CREMA
TION, REMOVAL (Specify)

Burial

24B. DATE

9/15/53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

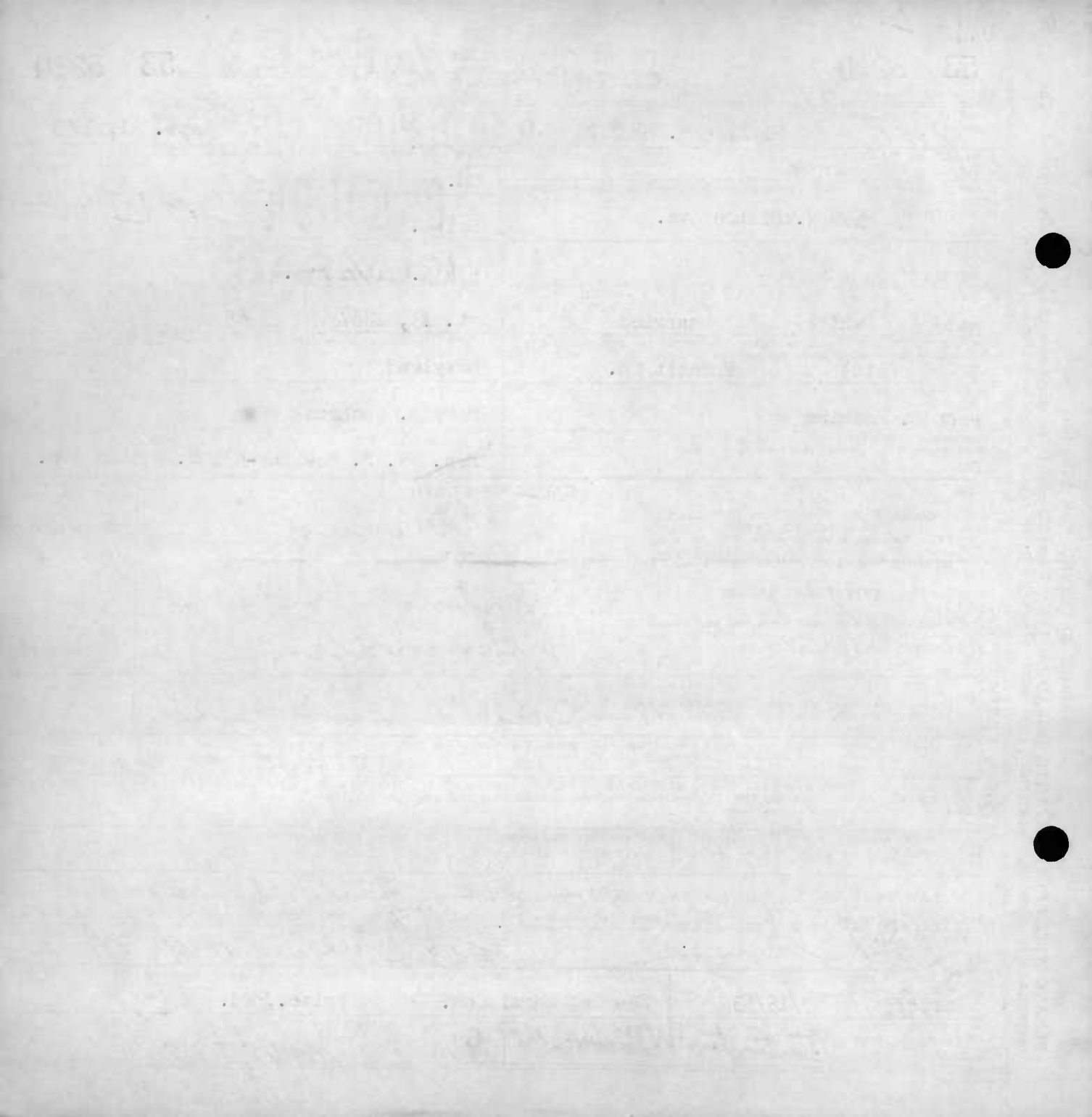
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Fishner & Sons

ADDRESS

Balto. 17. Md.



53 8211

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 8211
Registered No. _____

1. NAME OF DECEASED (Type or Print) MISS ELIZABETH GRAY		2. DATE OF DEATH 9/12/53	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived before admission) A. STATE MARYLAND B. COUNTY BALT.	
5. FULL NAME OF (If not in hospital or institution, give street address or location) UNION MEMORIAL HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 11 13-08	
6. Length of stay in Baltimore 71 yrs.		D. STREET ADDRESS (If rural, give location) 4020 Falls Road	
7. SEX F	8. COLOR OR RACE W	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	10. Yrs. Mos. Days
11. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired)		12. 11a. DATE OF BIRTH 7/31/1882 11b. AGE (In years last birthday) 71	
13. FATHER'S NAME JOSHUA GRAY		14. MOTHER'S MAIDEN NAME MARTHA KURTZ	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT KATHERINE GRAY		ADDRESS (SAME)	
18. 420.0		CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) MYOCARDIAL INFARCTION	
ANTECEDENT CAUSES		DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) ARTERIOSCLEROTIC HEART DISEASE	
		DUE TO	
		(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 9/11/53 , 19 53 , to 9/12/53 , 19 53 , that I last saw the deceased alive on 9/12/53 , 19 53 , and that death occurred at 4:25 P.m., from the causes and on the date stated above.			
23A. SIGNATURE Ernie E. Spruence		23B. ADDRESS 11 M St	
23C. DATE SIGNED 9/12/53			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 9/15-53	
24C. NAME OF CEMETERY OR CREMATORY Goodwill		24D. LOCATION (City, town, or county) (State) Rutledge Maryland Co	
25. FUNERAL DIRECTOR Martha E. Kurtz		ADDRESS Janet Hoadle	
26. RECEIVED BY CAL REGISTRAR Wilmington		27. REGISTRAR'S SIGNATURE Wilmington	

DEATH CERTIFICATE

Name of Deceased		Date of Death	
Age		Sex	
Place of Birth		Occupation	
Cause of Death		Time of Death	
Signature of Physician		Signature of Registrar	
Date		Place	

Witnessed by: *[Signature]* *[Signature]*

53 8212

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8212
Registered No.NAME OF DECEASED
(Type or Print)

GRAVILL P. JONES

2. DATE
OF
DEATH

9/12/53

PLACE OF DEATH:

Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

FULL NAME OF (If not in hospital or institution, give street address or
location)

Franklin Square Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Lakeland

D. STREET ADDRESS (If rural, give location)

618 N. Tennessee Ave

Length of stay in Baltimore

SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M W married

8. DATE OF BIRTH

July 11, 1890

9. AGE (In years
last birthday)

63

If Under 1 Year

Months: Days Hours: Min.

A. USUAL OCCUPATION (Give kind of
work during most of working life, even if retired)

Retired Conductor Atlantic Coast

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Alabama

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

FATHER'S NAME

King David Jones

14. MOTHER'S MAIDEN NAME

Virginia Griggs

13. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Lillian E Jones, Lakeland, Florida

18. 141X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ACUTE POST-OPERATIVE ATELECTASIS 2-4 min

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

RADICAL NECK DISSECTION - HEMIGLOTTIDY

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CARCINOMA OF TONGUE

19A. DATE OF OPERATION

11 Sept 53

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of tongue

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

No

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

No

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

No

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

No

21E. INJURY OCCURRED

WHILE AT ☒ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 Sept. 1953, to 12 Sept. 1953, that I last saw the
deceased alive on 12 Sept. 1953, and that death occurred at 3:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Lear W. Lobe, M.D.

23B. ADDRESS

36 Franklin St. App

23C. DATE SIGNED

12 Sept 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

9/12/53

24C. NAME OF CEMETERY OR CREMATORY

Rose Lawn Cemetery, Lakeland, Florida

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

SEP 13 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Wm. Cook, Inc., 1217 St Paul St

ADDRESS

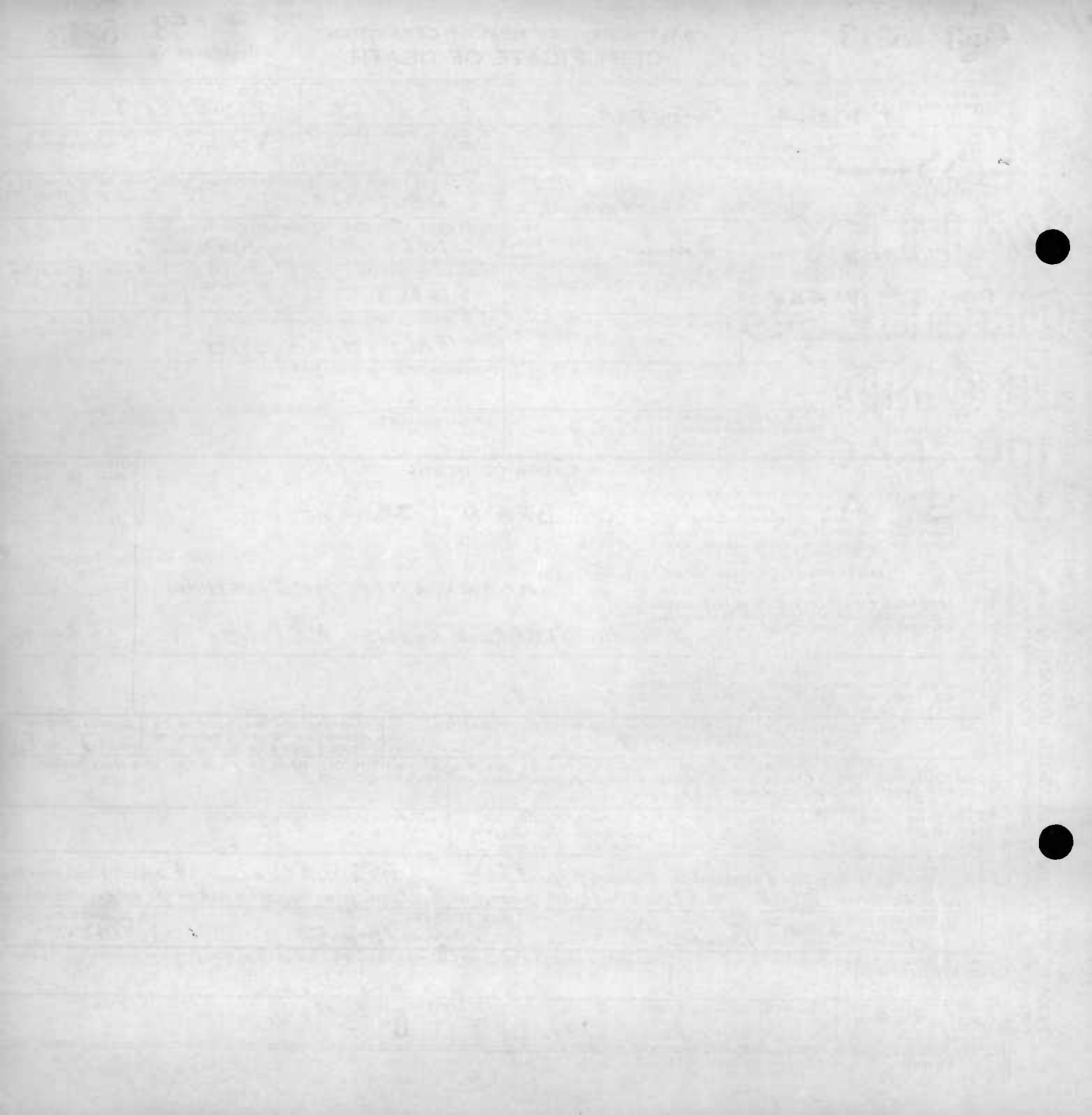
MINISTRY OF HEALTH
CERTIFICATE OF DEATH

1914

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				53 8213 Registered No. _____
BIRTH NO. <u>53-10037</u>				
1. NAME OF DECEASED (Type or Print) <u>PAMELA PLANTAR</u>			2. DATE OF DEATH <u>8/28/53</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland -			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MARYLAND</u> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>42 SINAI HOSPITAL OF BALTIMORE, INC.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BALTIMORE.</u> <u>7-04</u>	
c. Length of stay in Baltimore <u>4 mon.</u>			D. STREET ADDRESS (If rural, give location) <u>1019 N. WASHINGTON ST.</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>-</u>	8. DATE OF BIRTH <u>5/2/53</u>	9. AGE (In years last birthday) <u>4</u> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>BALTIMORE, MD.</u>	12. CITIZEN OF WHAT COUNTRY? <u>✓</u>
13. FATHER'S NAME <u>ANDREW</u>			14. MOTHER'S MAIDEN NAME <u>-</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <u>✓</u>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>1B. <u>340.2</u></p> <p>I</p> <p>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p>(A) <u>BRAIN DAMAGE</u></p> <p>DUE TO</p> <p>ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p>(B) <u>COMMUNICATING HYDROCEPHALUS</u></p> <p>DUE TO</p> <p>(C) <u>STREP. FECALIS MENINGITIS</u></p> </div> <div style="width: 60%;"> <p>CAUSE OF DEATH</p> <p>INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 mon.</u></p> </div> </div>				
<p>II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>				
19A. DATE OF OPERATION <u>✓</u>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>8/12</u> 19 <u>53</u> to <u>8/28</u> 19 <u>53</u> , that I last saw the deceased alive on <u>8/28</u> 19 <u>53</u> , and that death occurred at <u>8³⁰A</u> m., from the causes and on the date stated above.				
23A. SIGNATURE <u>Gilbert D. Barkin</u>		23B. ADDRESS <u>Sinai Hospital</u>		23C. DATE SIGNED <u>8/28/53</u>
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR <u>SEP 13 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington, W. L. Williams</u>		25. FUNERAL DIRECTOR <u>W. L. Williams</u>



V-300

53 8214 107 Ru.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8214
Registered No.

1. NAME OF DECEASED (Last, first, middle, or Print) Baby Girl Wood		2. DATE OF DEATH Aug. 22, 1953.	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Towson Baltimore	
5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Union Memorial Hospital.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. Length of stay in Baltimore 38 hours.		D. STREET ADDRESS (If rural, give location) 33 Lambourne Road.	
7. SEX F	8. COLOR OR RACE W	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	10. DATE OF BIRTH Aug. 21 1953
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		12. AGE (In years last birthday) Months Days (38 hours) 2	
13. FATHER'S NAME Walter Bruce Wood Jr.		14. MOTHER'S MAIDEN NAME Dorothy WALLACE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Nil	
17. INFORMANT		ADDRESS	
18. 776X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity		INTERVAL BETWEEN ONSET AND DEATH 38 hours	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (Birthweight 2lb. 5 oz.)		20. DURATION OF GESTATION 28 weeks	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
21. DATE OF OPERATION		22. MAJOR FINDINGS OF OPERATION	
23. AUTOPSY? YES <input checked="" type="checkbox"/>			
24. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		25. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
26. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
27. TIME (Month) (Day) (Year) (Hour) OF INJURY		28. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	
29. HOW DID INJURY OCCUR?			
30. I hereby certify that I attended the deceased from Aug. 21st , 1953, to Aug. 22nd , 1953, that I last saw the deceased alive on Aug. 22nd , 1953, and that death occurred at 11:57 p.m. , from the causes and on the date stated above.			
31. SIGNATURE H. M. Rowson.		32. ADDRESS Union Memorial Hospital	
33. DATE SIGNED Aug. 22, 1953.			
34. BURIAL, CREMATION, REMOVAL (Specify)		35. DATE	
36. NAME OF CEMETERY OR CREMATORY		37. LOCATION (City, town, or county) (State)	
38. RECEIVED BY CAL REGISTRAR		39. REGISTRAR'S SIGNATURE	
40. FUNERAL DIRECTOR		ADDRESS	

STATE OF NEW YORK
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age	
4. Date of Death		5. Time of Death		6. Place of Death	
7. Cause of Death		8. Manner of Death		9. Signature of Physician	
10. Signature of Registrar		11. Signature of Coroner		12. Signature of Medical Examiner	
13. Signature of Burial Officer		14. Signature of Undertaker		15. Signature of Cemetery	
16. Signature of Funeral Home		17. Signature of Family		18. Signature of Friends	
19. Signature of Church		20. Signature of Community		21. Signature of State	
22. Signature of Federal Government		23. Signature of International Community		24. Signature of World	
25. Signature of Universe		26. Signature of Cosmos		27. Signature of All	
28. Signature of Everything		29. Signature of Nothing		30. Signature of Somewhere	
31. Signature of Anywhere		32. Signature of Everywhere		33. Signature of Somewhere	
34. Signature of Anywhere		35. Signature of Everywhere		36. Signature of Somewhere	
37. Signature of Anywhere		38. Signature of Everywhere		39. Signature of Somewhere	
40. Signature of Anywhere		41. Signature of Everywhere		42. Signature of Somewhere	
43. Signature of Anywhere		44. Signature of Everywhere		45. Signature of Somewhere	
46. Signature of Anywhere		47. Signature of Everywhere		48. Signature of Somewhere	
49. Signature of Anywhere		50. Signature of Everywhere		51. Signature of Somewhere	
52. Signature of Anywhere		53. Signature of Everywhere		54. Signature of Somewhere	
55. Signature of Anywhere		56. Signature of Everywhere		57. Signature of Somewhere	
58. Signature of Anywhere		59. Signature of Everywhere		60. Signature of Somewhere	
61. Signature of Anywhere		62. Signature of Everywhere		63. Signature of Somewhere	
64. Signature of Anywhere		65. Signature of Everywhere		66. Signature of Somewhere	
67. Signature of Anywhere		68. Signature of Everywhere		69. Signature of Somewhere	
70. Signature of Anywhere		71. Signature of Everywhere		72. Signature of Somewhere	
73. Signature of Anywhere		74. Signature of Everywhere		75. Signature of Somewhere	
76. Signature of Anywhere		77. Signature of Everywhere		78. Signature of Somewhere	
79. Signature of Anywhere		80. Signature of Everywhere		81. Signature of Somewhere	
82. Signature of Anywhere		83. Signature of Everywhere		84. Signature of Somewhere	
85. Signature of Anywhere		86. Signature of Everywhere		87. Signature of Somewhere	
88. Signature of Anywhere		89. Signature of Everywhere		90. Signature of Somewhere	
91. Signature of Anywhere		92. Signature of Everywhere		93. Signature of Somewhere	
94. Signature of Anywhere		95. Signature of Everywhere		96. Signature of Somewhere	
97. Signature of Anywhere		98. Signature of Everywhere		99. Signature of Somewhere	
100. Signature of Anywhere		101. Signature of Everywhere		102. Signature of Somewhere	



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 8215

BIRTH NO. 53 8215
53-20676

1. NAME OF DECEASED (Type or Print) <u>BABY GIRL MAYO</u>			2. DATE OF DEATH <u>Aug. 26/53</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Simi Hospital</u> B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution) <u>Simi Hospital of Baltimore</u>			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <u>MD</u> C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>10-01</u> D. STREET ADDRESS (If rural, give location) <u>1113 N. Central Ave #2</u>		
c. Length of stay in Baltimore <u>1</u> <u>Yrs.</u> <u>Mos.</u> <u>Days</u>			5. SEX <u>F</u> 6. COLOR OR RACE <u>C</u> 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>none</u>		
13. FATHER'S NAME <u>James Alan Mayo</u>			14. MOTHER'S MAIDEN NAME <u>Zela smintrede Hendricks</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u> (If yes, give war or dates of service) <u>none</u>			16. SOCIAL SECURITY NO. <u>none</u>		
			17. INFORMANT <u>mother</u> ADDRESS <u>above</u>		

18. <u>762.5</u> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Atelectasis</u> DUE TO INTERVAL BETWEEN ONSET AND DEATH <u>5 hrs. 40 min.</u>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)	

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.

Prematurity

27 hrs. 2 min.

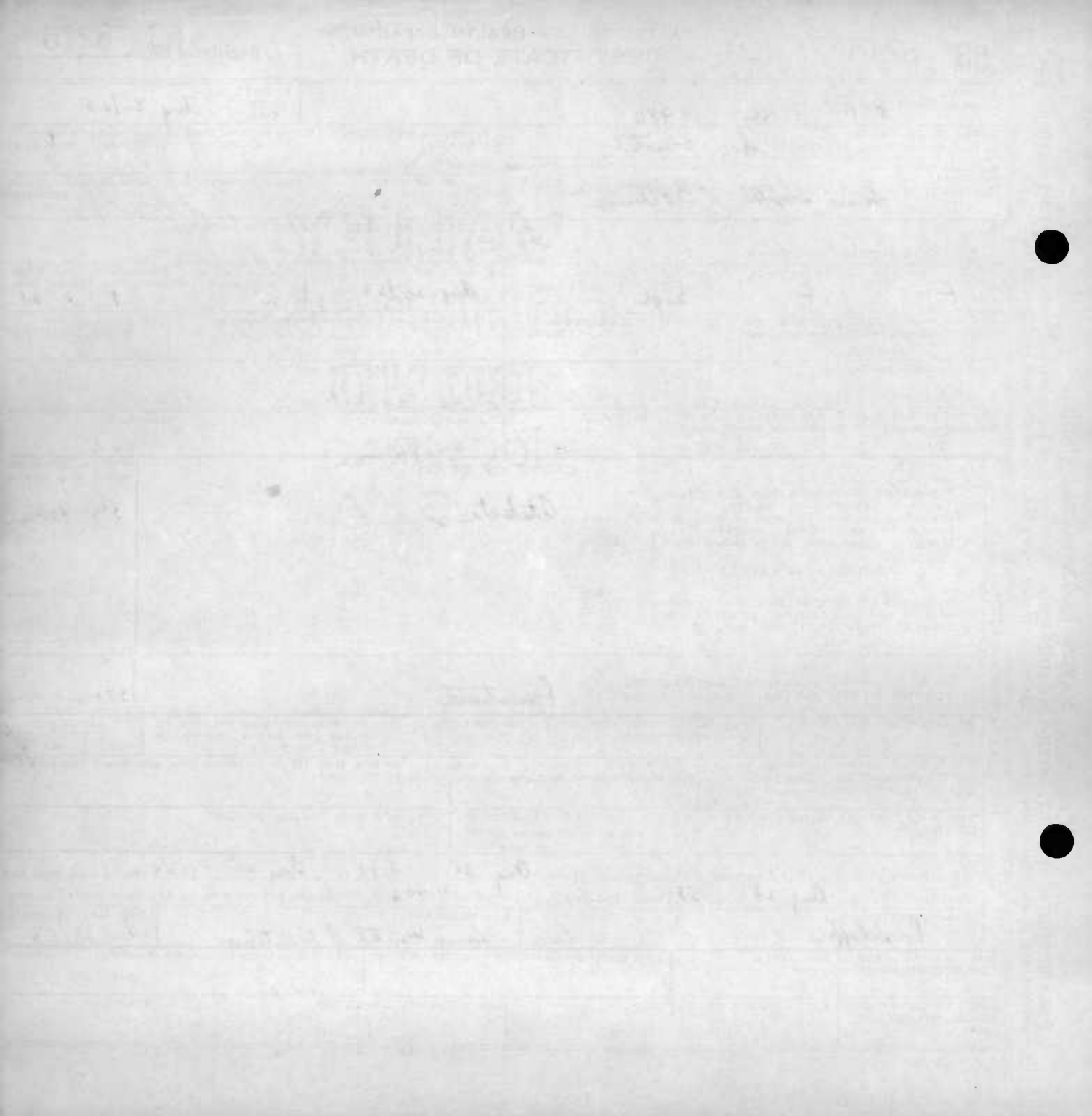
19A. DATE OF OPERATION <u>2</u>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from Aug. 25, 1953, to Aug. 26, 1953 that I last saw the deceased alive on Aug. 26, 1953, and that death occurred at 11:40 a.m., from the causes and on the date stated above.

23A. SIGNATURE P. Schaffer M. D. Simi Hospital of Baltimore 23B. ADDRESS Simi Hospital of Baltimore 23C. DATE SIGNED Aug. 26/53

24A. BURIAL, CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY UNIVERSITY MEDICAL CENTER 24D. LOCATION (City, town, or county) SE 21 (State) 1953

DATE RECEIVED BY LOCAL REGISTRAR SEP 13 1953 REGISTRAR'S SIGNATURE Huntington Williams 25. FUNERAL DIRECTOR Huntington Williams ADDRESS Huntington Williams



341

3 8216

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8216

IRTH NO.

NAME OF DECEASED
(Type or Print)

Harry Radeloff

2. DATE
OF
DEATH

Sept 9/1953

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF
HOSPITAL OR
INSTITUTION

Lutheran Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)Maryland
Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

D. STREET ADDRESS (If rural, give location)

3425 Reisterstown Rd.

Length of stay in Baltimore

47 yrs.

SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

Barber

10B. KIND OF BUSINESS OR
INDUSTRY

Shop

8. DATE OF BIRTH

1880

9. AGE (In years
last birthday)

73

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

FATHER'S NAME

Mordecia Radeloff

14. MOTHER'S MAIDEN NAME

Unknown

WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mo. Meyer Radeloff 3425 Reisterstown Rd.

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(A) Cerebral Hemorrhage
DUE TO Chronic Valvular Heart disease
Chronic Supertension
Chronic Cardiac Hypertrophy

Sudden

20 yrs

(B)

DUE TO

(C) Diabetes mellitus

25 yrs?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov-17, 1952, to 8/10, 1953 that I last saw the
deceased alive on 8/10, 1953, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

25. RECEIVED BY
CAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 13 1953

Huntington 1530

5308

1124 N. North Ave

VS 150

5906E

WILLIAM
CONGENT
JUNIOR
100 / MAG

A. 220

53 8217

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 8217

IRTH NO.

NAME OF DECEASED
(Type or Print)

Hucik, Baby Girl

2. DATE
OF
DEATH

Sept. 11, 1953

PLACE OF DEATH:

Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

FULL NAME OF (If not in hospital or institution, give street address or
location)HOSPITAL OR
STITUTION

St. Josephs Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

Baltimore 12

27-38

D. STREET ADDRESS (If rural, give location)

1120 Glen Eagle Rd.

Length of stay in Baltimore

Yrs.
Mos.
Days

SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years)
last birthdayIf Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

FATHER'S NAME

Martin F. Hucik

14. MOTHER'S MAIDEN NAME

Klein Dorothea Klein

13. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

No

None

Mrs. Martin Hucik 1120 Glen Eagle Rd.

18. 774X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Fibrosis of placenta (small un-

DUE TO

ANTECEDENT CAUSES

(B) developed placenta

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Sept. 11, 1953, to Sept. 11, 1953 that I last saw the
deceased alive on Sept. 11, 1953, and that death occurred at 2:10 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

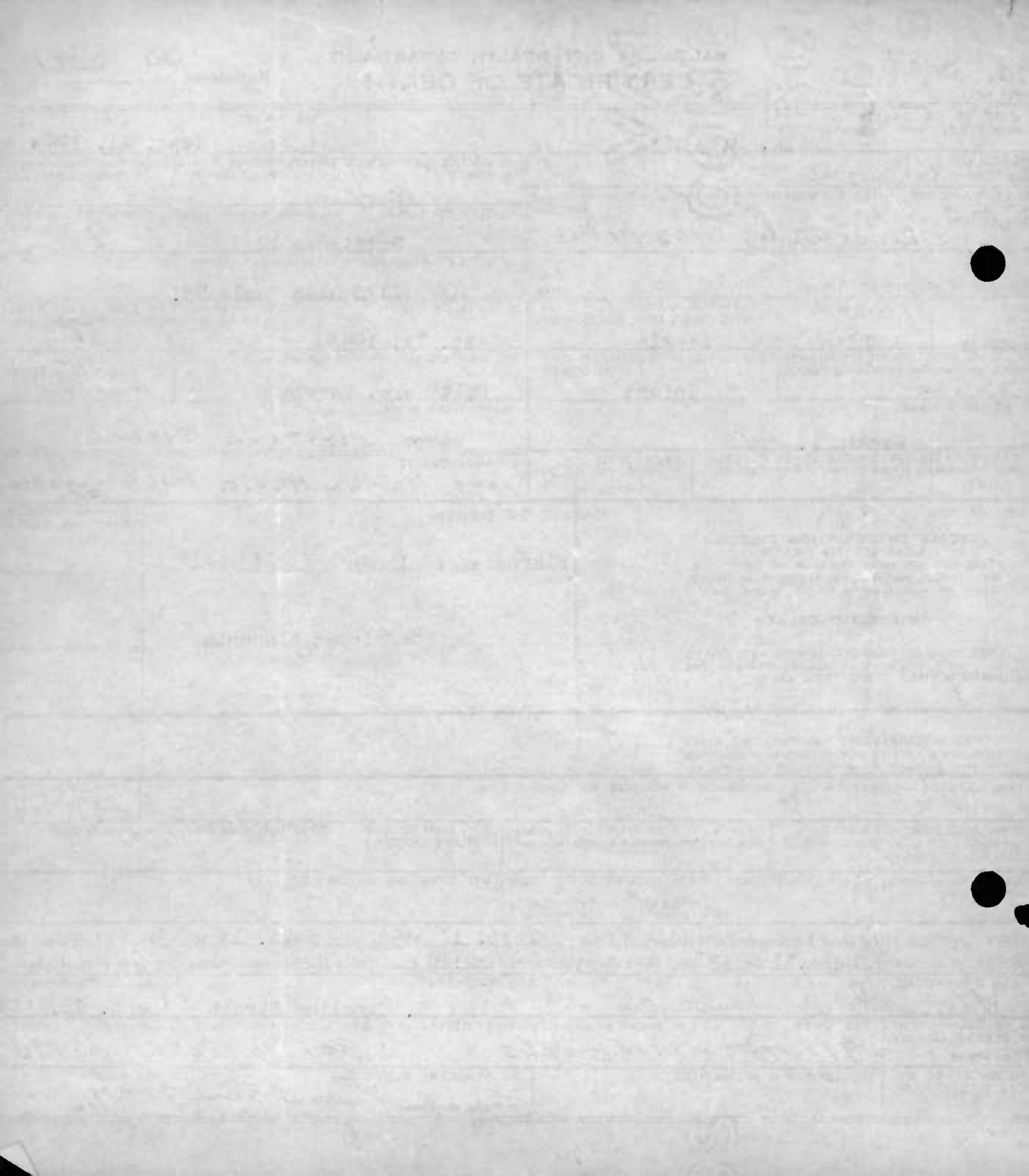
Burial
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Sept. 13, 1953
Therese J. Hucik
St. Josephs
1400 N. Caroline Street
Baltimore
Md.
Lorraine Funeral Home
7401 Belair
Ave.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

IVJ 39581

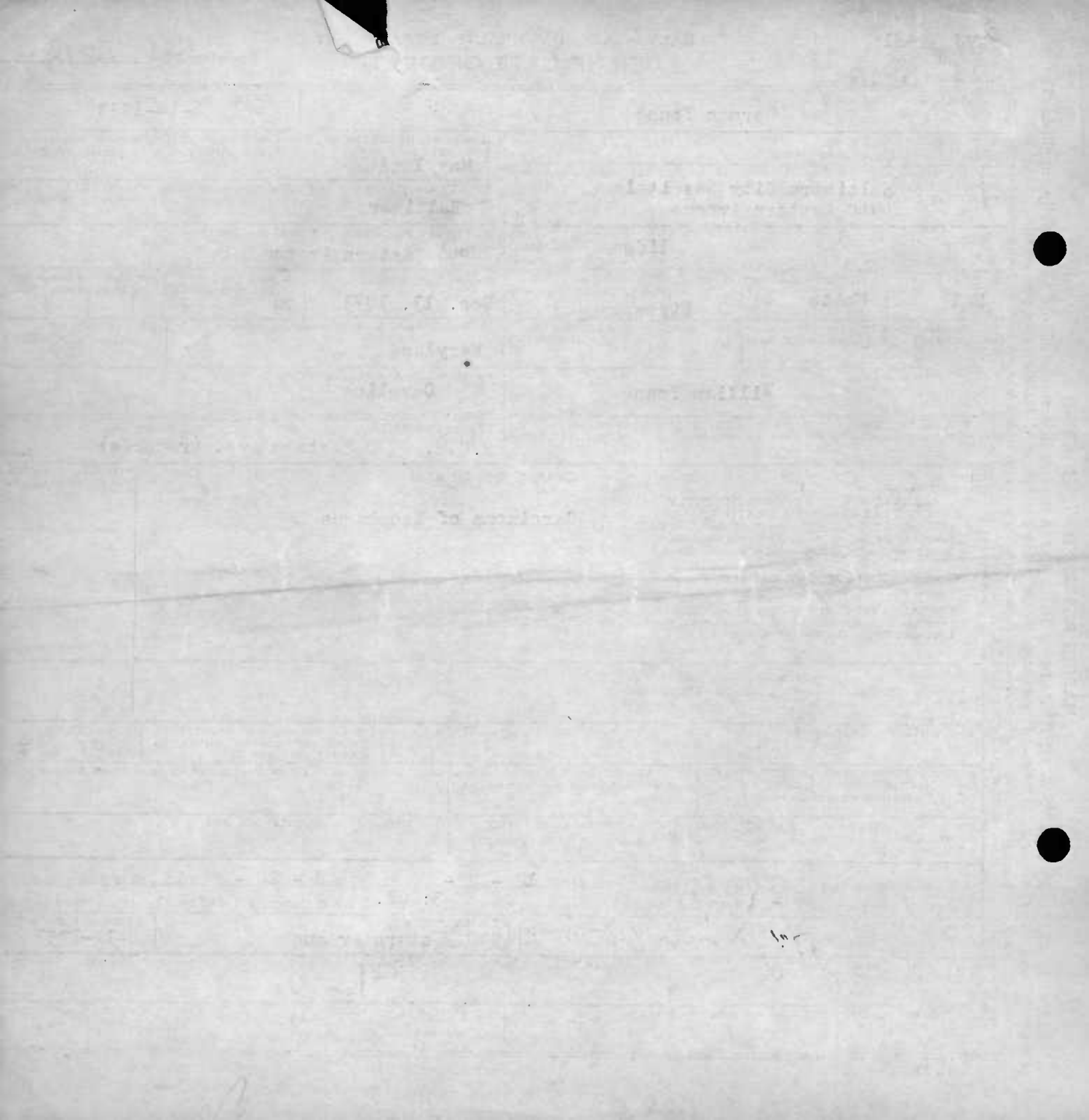
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8218

BIRTH NO. 8218

1. NAME OF DECEASED (Type or Print) Herman Young		2. DATE OF DEATH 8-14-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-12	
c. Length of stay in Baltimore life		D. STREET ADDRESS (If rural, give location) 4940 Eastern Avenue	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Dec. 13, 1873
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 79
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME William Young		14. MOTHER'S MAIDEN NAME Caroline	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT B.C.H. 4940 Eastern Ave. (records)		ADDRESS	

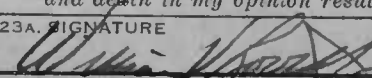
18. 150X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Esophagus DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION 12-2-53	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-2- , 19 38 to 8-14- , 19 53 , that I last saw the deceased alive on 8-14 , 19 53 , and that death occurred at 3:00 P.M. , from the causes and on the date stated above.			
23A. SIGNATURE H. J. Young		23B. ADDRESS 4940 Eastern Avenue	23C. DATE SIGNED 8-14-1953
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State) SEP. 1, 1953
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR 8217 Williams	ADDRESS



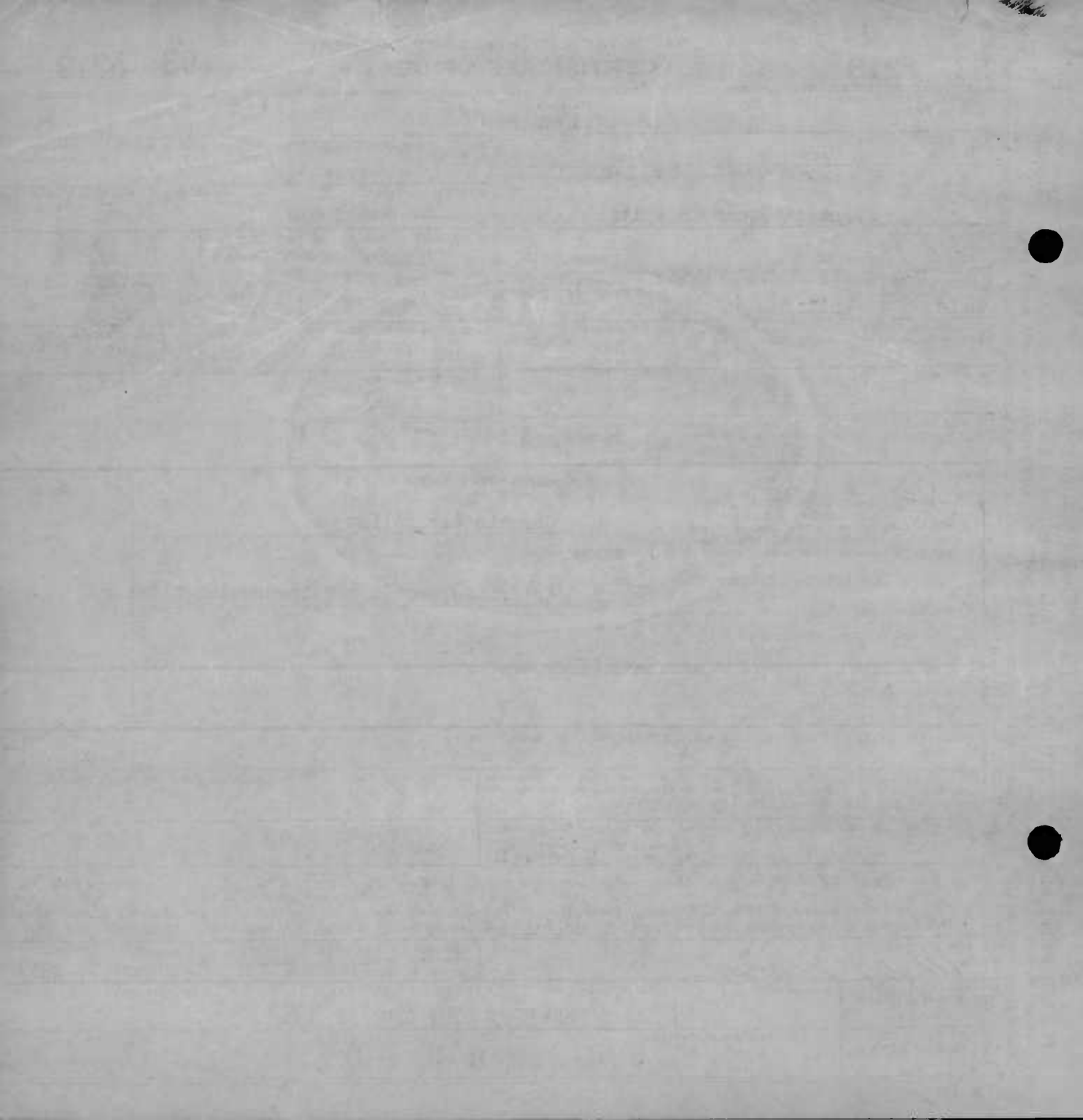
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Register No. 8219

BIRTH NO. 53 8219

1. NAME OF DECEASED (Type or Print) GENE ANDREWS		2. DATE OF DEATH August 7, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 60	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) No home address	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY U	9. AGE (In years last birthday) 58 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) U		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME K		14. MOTHER'S MAIDEN NAME K	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. U	
17. INFORMANT W		ADDRESS	
18. 322.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Chronic alcoholism XXXXX ANTECEDENT CAUSES (B) Arteriosclerotic cardiovascular disease DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an <u>Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE 		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED August 7, 1953			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE	
25. FUNERAL DIRECTOR		ADDRESS	

UNIVERSITY MEDICAL SCHOOL AUG 21, 1953



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 8220**

BIRTH NO. 53 8220		1. NAME OF DECEASED (Type or Print) CHARLES		WOODBURY		2. DATE OF DEATH August 17, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital (not in hospital or institution, give street address or location)				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 3706 Nortonia Road			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) U		8. DATE OF BIRTH	9. AGE (in years last birthday) 71	10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME O			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT N ADDRESS			
18. 151X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Carcinoma of the Stomach DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an Inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .							
23A. SIGNATURE <i>B. J. Fisher</i>		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23. DATE SIGNED 8-17-53			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR		ADDRESS	

UNIVERSITY MEDICAL SCHOOL AUG. 24, 1953

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 8221
Registered No.

53 8221
BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILLIE JOHNSON		2. DATE OF DEATH Aug. 1, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Morgue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1024 Aisquith Street	
5. SEX colored	6. COLOR OR RACE male	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) U	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 45 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) K		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME UNKNOWN		14. MOTHER'S MAIDEN NAME UNKNOWN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. E983x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) MULTIPLE SKULL FRACTURES DUE TO SUBARACHNOID HEMORRHAGE AND CONFUSION FOCI OF BRAIN	CAUSE OF DEATH (A)	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
---	--

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) building	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 250 N. East Street -2nd floor		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 8/1/53	21E. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR? hit on head with a blunt instrument		
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE Joseph P. Jachimowski		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR		23C. DATE SIGNED 8-1-53
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State) UNIVERSITY MEDICAL SCHOOL AUG. 21, 1953	
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR		ADDRESS

V S 151 **N 803.2**

MARGIN RESERVED FOR BINDING

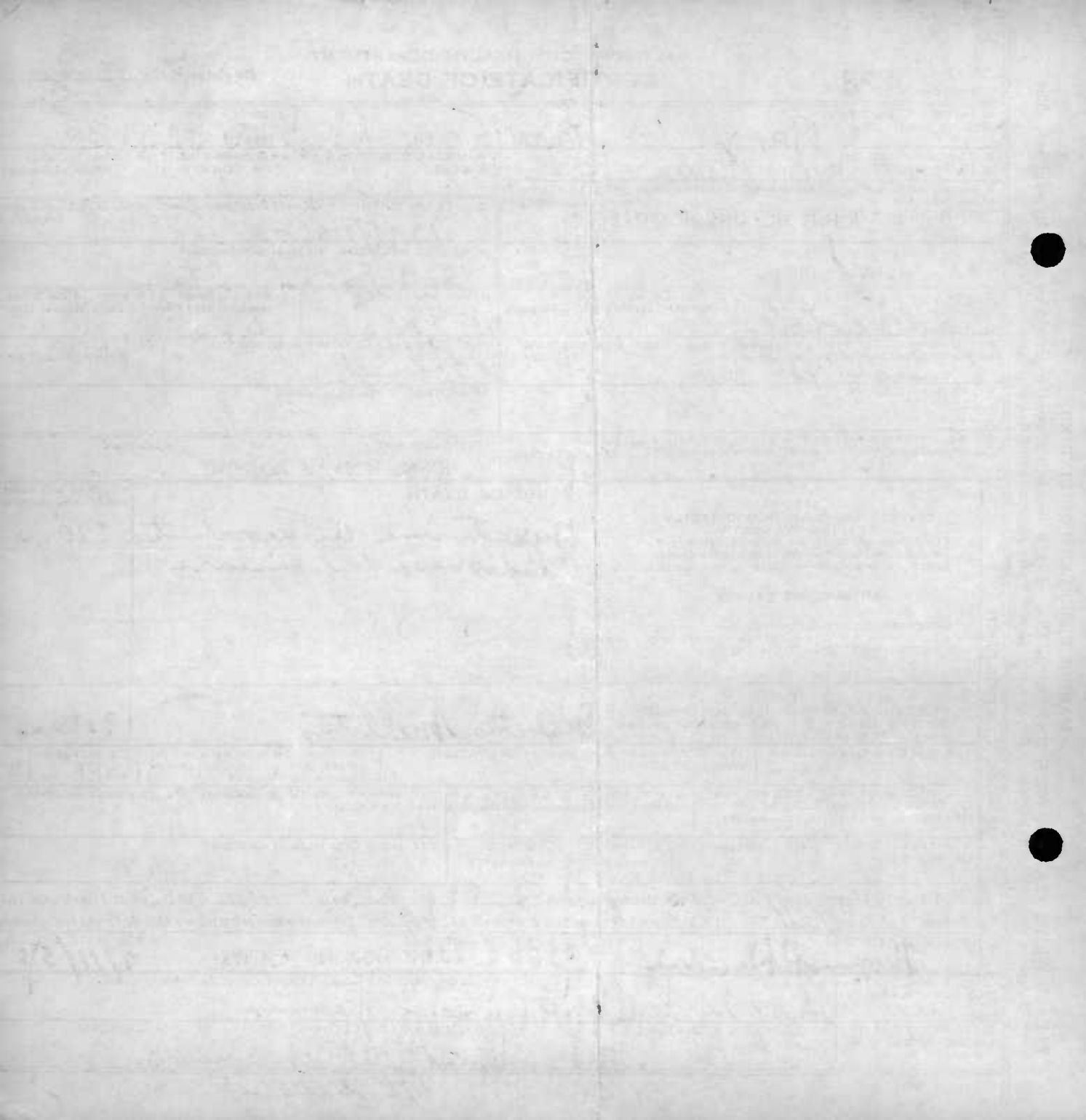
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8222

BIRTH NO. 8222

1. NAME OF DECEASED (Type or Print) MARY BONTKOWSKI		2. DATE OF DEATH SEP 11 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland Osler - 3		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 2-03	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1613 Fleet St.	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 11-16-86
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		9B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 66
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Poland
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL	
18. 443x and 260x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive Arteriosclerosis ? 10 yrs DUE TO Cardiovascular Disease		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Diabetes Mellitus ? 10 yrs	
19A. DATE OF OPERATION 7	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8-8- , 1953 to 9-11- , 1953 that I last saw the deceased alive on 9-11- , 1953, and that death occurred at 4A m., from the causes and on the date stated above.			
23A. SIGNATURE Thomas R. Hennrich		23B. ADDRESS JOHNS HOPKINS HOSPITAL	23C. DATE SIGNED 9/11/53
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Sept. 14/53	St. Stanislaus	Baltimore
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
SEP 13 1953	Thomas R. Hennrich	W. J. Ozowski	1930 E. ...



150
53 8223BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8223
Registered No.

1. NAME OF DECEASED (Type or Print) ANNIE RUBIN		2. DATE OF DEATH 9-11-53	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) 3900 Rosecrest Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-20	
6. Length of stay in Baltimore 39 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3900 Rosecrest Ave	
7. SEX Female	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	10. AGE (In years last birthday) 62
11. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) housewife		12. 10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Hershel		14. BIRTHPLACE (State or foreign country) Russia	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. 18. 416X		19. CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Acute Cardiac Failure	
ANTECEDENT CAUSES		(B) Rheumatic Heart	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from 1947 , 19 53 , to 9/11/53 , 19 53 , that I last saw the deceased alive on 9/11 , 19 53 , and that death occurred at 4:45 m., from the causes and on the date stated above.			
23A. SIGNATURE W. J. Baylin		23B. ADDRESS 5415 PN Hgt L	
23C. DATE SIGNED 9/11/53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9-13-1953	
24C. NAME OF CEMETERY OR CREMATORY Posedale		24D. LOCATION (City, town, or county) (State) Balto. Md.	
25. FUNERAL DIRECTOR Huntington Williams		25. ADDRESS 2100 Eutan Pl.	

Raylin
Ra - 3414
70 9074
11/01 4300

Duplicate *520* **BALTIMORE CITY HEALTH DEPARTMENT** *X* **53 8224** **CERTIFICATE OF DEATH** **Registered No.**

BIRTH NO. *53-19505*

1. NAME OF DECEASED (Type or Print) Baby Girl Jones		2. DATE OF DEATH 8-20-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY BALTO	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hosp. for Women of Maryland		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 21 ESSEX	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 912 Woodward Dr.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 8-20-53
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) --		10B. KIND OF BUSINESS OR INDUSTRY --	9. AGE (In years, last birthday) 8 Months 2 Days 22
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Edward Norris Jones		14. MOTHER'S MAIDEN NAME Margaret Evelyn Krope	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. --	
17. INFORMANT Mrs. Edward N. Jones		ADDRESS 912 Woodward D	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 776x I Prematurity		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION None	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 8/20/1953, to 8/20/1953, that I last saw the deceased alive on 8/20/1953, and that death occurred at 4-15 P. M., from the causes and on the date stated above.		
23A. SIGNATURE <i>Edson</i>	23B. ADDRESS <i>Women's Hosp. Baltimore</i>	23C. DATE SIGNED <i>8/20/53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY <i>JOHN HOPKINS MEDICAL SCHOOL</i>
24D. LOCATION (City, town, or county)	24E. DATE	24F. LOCATION (City, town, or county)
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 1 1953</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>
ADDRESS		

VS 150 **8550370223**

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

U.S. A.

100% BOND

COMBINE

WATERY

2-16
53 8225BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8225
Registered No.

IRTH NO.

NAME OF DECEASED
(Type or Print)

DELIA Mc CAFFERTY

2. DATE
OF
DEATH

Sept. 10, 1953

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

502 N. Chapelgate Lane

Yrs.
Mos.
Days

Length of stay in Baltimore

SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)

Housekeeper

10B. KIND OF BUSINESS OR INDUSTRY

Home

FATHER'S NAME

John Elliott

9. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

March 7, 1876

9. AGE (In years last birthday)

77

If Under 1 Year Months Days If Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Alice Dowd

17. INFORMANT

ADDRESS

Mrs. Albert Keepers 502 Chapelgate

18. 420.1 and 260X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

CAUSE OF DEATH

Coronary Thromboses

Coronary Artery Disease

Diabetes Mellitus

INTERVAL BETWEEN ONSET AND DEATH

Minutes

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21. TIME (Month) (Day) (Year) (Hour)

OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 10, 1953, to Sept 10, 1953, that I last saw the deceased alive on Sept 10, 1953, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

James Moran

M. D.

23B. ADDRESS

Catonsville, Maryland

23C. DATE SIGNED

9/10/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9-14-1953

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Cem.

24D. LOCATION (City, town, or county)

Baltimore

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

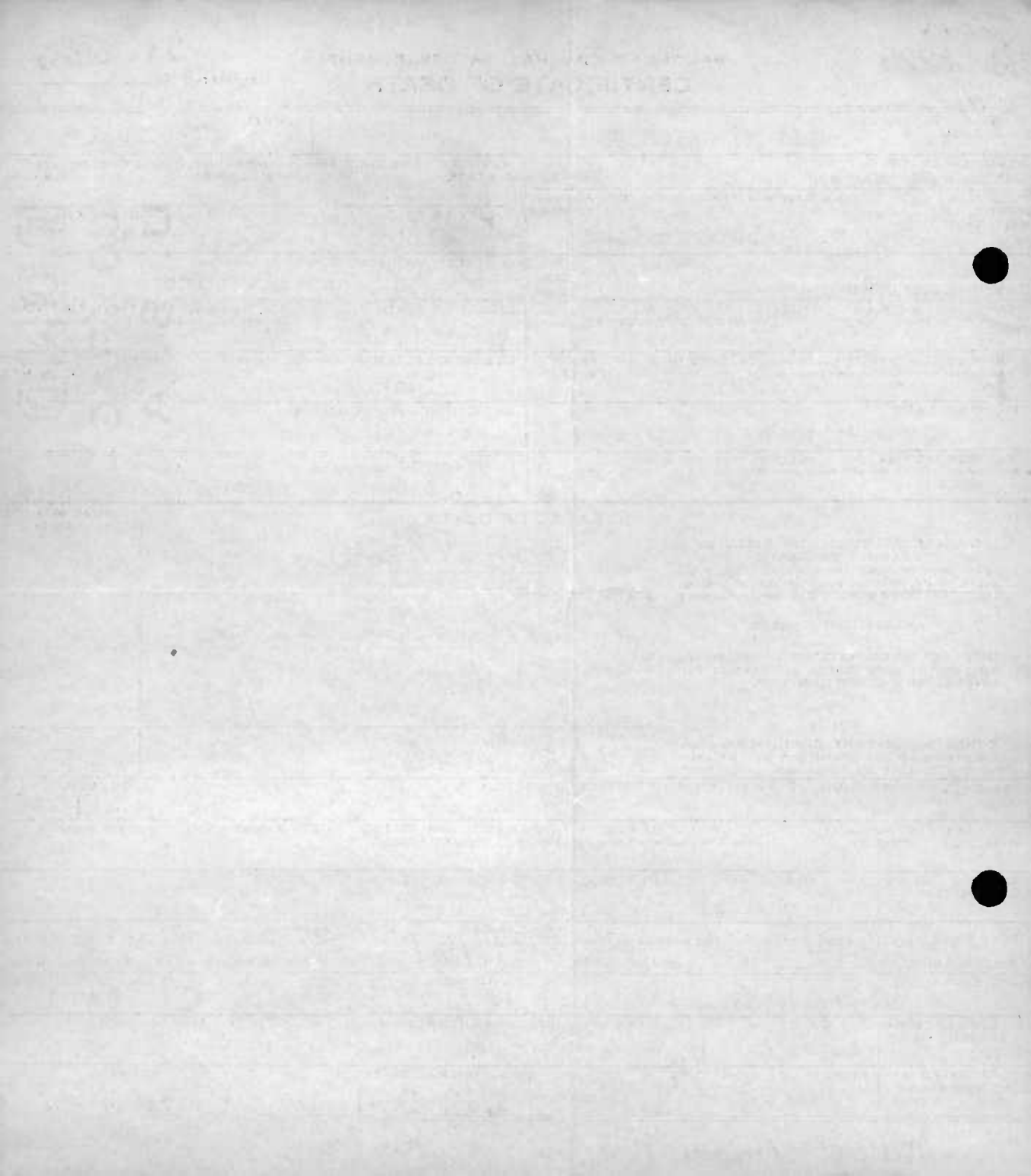
Huntington 5/3/02

25. FUNERAL DIRECTOR

ADDRESS

George A. Farley Catonsville Md.

Medical Examiner Notified J Moran MD



526
53 8226BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8226
Registered No.

TH NO.

NAME OF DECEASED
(Type or Print)

Mr. John A. Engers

2. DATE
OF
DEATH

Sept 11, 1953

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

4144 Parkside Drive

Yrs.
Mos.
Days

Length of stay in Baltimore

SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Dec 29, 1866

9. AGE (In years
last birthday)

86

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.USUAL OCCUPATION (Give kind of
one during most of working life, even if retired)

Nothing Designer

10b. KIND OF BUSINESS OR
INDUSTRY

Haus Company

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

FATHER'S NAME

Philip J. Engers

14. MOTHER'S MAIDEN NAME

Monica Falkenhan

WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. George F. Engers, 19 Willow Ave.

18. 154X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Carcinoma of Rectum

INTERVAL BETWEEN
ONSET AND DEATH

5 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Secondary Permia

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1949, to September 1953, that I last saw the
deceased alive on August 26, 1953, and that death occurred at 12:00 A.M. from the causes and on the date stated above.

23a. SIGNATURE

George F. Engers

M. D.

23b. ADDRESS

3603 Belair Road

23c. DATE SIGNED

9-12-53

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

Burial
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Sept 14, 1953

Holy Redeemer Cem

Baltimore, Maryland

25. FUNERAL DIRECTOR'S

ADDRESS

Leonard J. Ruck, 5305 Harford Road

1-420
53 8227BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8227

Registered No.

TH NO.

NAME OF DECEASED
(Type or Print)

Mrs. Edith M. Miles

2. DATE
OF
DEATH

Sept 12, 1953

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

4153 Eierman Avenue

Yrs.
Mos.
Days

Length of stay in Baltimore

SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

June 8, 1877

9. AGE (In years -

76

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

USUAL OCCUPATION (Give kind of

one during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

FATHER'S NAME

Robert Nelson

14. MOTHER'S MAIDEN NAME

Augusta Drummond

WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Ethel Wayne, 4153 Eierman Ave.

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

3 months.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 1, 1947, to September 12, 1953, that I last saw the
deceased alive on September 9, 1953, and that death occurred at 12:10 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Sept 15, 1953

Parkwood Cemetery

Baltimore, Maryland

TE RECEIVED BY
CAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

VS 150

Leonard J. Ruck, 5305 Harford Road.

RECEIVED BY THE DIRECTOR
OF THE BUREAU OF THE ARMY

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DO NOT WRITE

-650

3 8228

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 8228

1. NAME OF DECEASED (Last, first, middle name or Print) William Dennis CRANE 2. DATE OF DEATH 9/12/53.

3. PLACE OF DEATH: Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY BALTO.

5. FULL NAME OF HOSPITAL OR INSTITUTION MERCY Hosp. 6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 7. DISTRICT 5300

8. LENGTH OF STAY IN BALTIMORE 15 Yrs. 15 Ds. 15 Mins. 9. STREET ADDRESS (If rural, give location) 6720 LAUREL DRIVE #7

10. SEX M 11. COLOR OR RACE W 12. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M. 13. DATE OF BIRTH July 29-1916 14. AGE (In years last birthday) 37 15. If Under 1 Year Months: Days 16. If Under 24 Hours Hours: Min.

17. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) FEDERAL AGENT INT. REV. DEPT. 18. KIND OF BUSINESS OR INDUSTRY INDUSTRY 19. BIRTHPLACE (State or foreign country) INDIANA. 20. CITIZEN OF WHAT COUNTRY? U.S.A.

21. FATHER'S NAME Charles CRANE 22. MOTHER'S MAIDEN NAME Esther Doolittle

23. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) no or unknown 24. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Mrs Sallye CRANE - 6720 Laurel dr.

25. CAUSE OF DEATH CORONARY THROMBOSIS 26. INTERVAL BETWEEN ONSET AND DEATH 1/2 hour.

27. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) DUE TO

28. ANTECEDENT CAUSES (B) DUE TO

29. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO

30. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

31. DATE OF OPERATION 32. MAJOR FINDINGS OF OPERATION 33. AUTOPSY? YES ☐ NO ☒

34. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐ 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

35. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

36. 22. I hereby certify that I attended the deceased from 1 AM 9/12, 1953, to 1:10 AM 9/12, 1953, that I last saw the deceased alive on 9/12, 1953, and that death occurred at 1:10 A.M., from the causes and on the date stated above.

37. 23A. SIGNATURE Donald S. Carter 23B. ADDRESS Mary Hosp 23C. DATE SIGNED 9/12/53

38. 24A. BURIAL, CREMATION, REMOVAL (Specify) Burial 24B. DATE Sept 15-1953 24C. NAME OF CEMETERY OR CREMATORY BALTO NATIONAL 24D. LOCATION (City, town, or county) (State) BALTO MD

39. 25. FUNERAL DIRECTOR Leonard J. Luck ADDRESS 5305 Harford

40. VS 150 000 91

STATEMENT OF DEATH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of birth		5. Place of birth	
6. Date of death		7. Time of death		8. Place of death		9. Cause of death		10. Manner of death	
11. Signature of physician		12. Signature of registrar		13. Signature of informant		14. Signature of witness		15. Signature of funeral director	
16. Signature of undertaker		17. Signature of cemetery		18. Signature of church		19. Signature of school		20. Signature of other	
21. Signature of other		22. Signature of other		23. Signature of other		24. Signature of other		25. Signature of other	
26. Signature of other		27. Signature of other		28. Signature of other		29. Signature of other		30. Signature of other	
31. Signature of other		32. Signature of other		33. Signature of other		34. Signature of other		35. Signature of other	
36. Signature of other		37. Signature of other		38. Signature of other		39. Signature of other		40. Signature of other	
41. Signature of other		42. Signature of other		43. Signature of other		44. Signature of other		45. Signature of other	
46. Signature of other		47. Signature of other		48. Signature of other		49. Signature of other		50. Signature of other	
51. Signature of other		52. Signature of other		53. Signature of other		54. Signature of other		55. Signature of other	
56. Signature of other		57. Signature of other		58. Signature of other		59. Signature of other		60. Signature of other	
61. Signature of other		62. Signature of other		63. Signature of other		64. Signature of other		65. Signature of other	
66. Signature of other		67. Signature of other		68. Signature of other		69. Signature of other		70. Signature of other	
71. Signature of other		72. Signature of other		73. Signature of other		74. Signature of other		75. Signature of other	
76. Signature of other		77. Signature of other		78. Signature of other		79. Signature of other		80. Signature of other	
81. Signature of other		82. Signature of other		83. Signature of other		84. Signature of other		85. Signature of other	
86. Signature of other		87. Signature of other		88. Signature of other		89. Signature of other		90. Signature of other	
91. Signature of other		92. Signature of other		93. Signature of other		94. Signature of other		95. Signature of other	
96. Signature of other		97. Signature of other		98. Signature of other		99. Signature of other		100. Signature of other	

-536

3 8229

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8229
Registered No.

1. NAME OF DECEASED (Type or Print) FREDERICK SCHNEIDER		2. DATE OF DEATH 9-11-53	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY 20-03	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) BON SECOURS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
6. Length of stay in Baltimore 52 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 9 S. PAYSON	
7. SEX M	8. COLOR OR RACE W	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	10. DATE OF BIRTH 9/13/00
11. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired) BANKER		12. AGE (In years last birthday) 52	
13. 10a. KIND OF BUSINESS OR INDUSTRY BANKING		14. 11. BIRTHPLACE (State or foreign country) MARYLAND	
15. FATHER'S NAME ERNEST SCHNEIDER		16. 12. CITIZEN OF WHAT COUNTRY? USA	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) NONE		18. 14. MOTHER'S MAIDEN NAME BANKS	
19. 16. SOCIAL SECURITY NO. 214-14-3211		17. 17. INFORMANT ADDRESS Mary Schneider 9 S. Payson St.	
20. 18. 416X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) RHEUMATIC HEART DISEASE		21. 19. CAUSE OF DEATH 40 yrs	
22. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		23. 20. INTERVAL BETWEEN ONSET AND DEATH	
24. 21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		25. 22. DATE OF OPERATION	
26. 23. MAJOR FINDINGS OF OPERATION		27. 24. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
28. 25. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		29. 26. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
30. 27. HOW DID INJURY OCCUR?		31. 28. DATE SIGNED	
32. 29. SIGNATURE William A. Pillsbury		33. 30. ADDRESS Bon Secours Hospital	
34. 31. DATE 9-14-53		35. 32. NAME OF CEMETERY OR CREMATORY New Cathedral	
36. 33. LOCATION (City, town, or county) (State) BALTIMORE Md.		37. 34. REGISTRAR'S SIGNATURE Geo. L. Schwab	
38. 35. FUNERAL DIRECTOR ADDRESS 2101 Frederick Ave.		39. 36. REGISTRAR'S SIGNATURE Geo. L. Schwab	

300

8230

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8230
Registered No.

BIRTH NO.

NAME OF DECEASED
(Type or Print)

Rode, George Albert

2. DATE
OF
DEATH

September 12, 1953

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
NURSING HOME

St. Joseph's

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

304 S. Robinson Street

Length of stay in Baltimore

Life

SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

Yrs.
Mos.
Days

8. DATE OF BIRTH

March 31, 1893

9. AGE (In years
last birthday)

60

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10. USUAL OCCUPATION (Give kind of
one during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

City Hall, Balto, Md.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

FATHER'S NAME

Louis Rode

14. MOTHER'S MAIDEN NAME

Florence Glenn

13. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

218-22-4341

17. INFORMANT

ADDRESS

Mrs Annie Rode 304 S. Robinson St.

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

(B)

DUE TO

(C)

2xL

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from September 12, 1953, to September 12, 1953, that I last saw the
deceased alive on Sept. 12, 1953, and that death occurred at 10:35 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

25. RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

LOCAL REGISTRAR

Henry Sander & Sons Inc.

Baltimore Md.

VS 150

39093

Sey F. Sander

320

53 8231

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8231
Registered No.

TH NO.

NAME OF DECEASED
(Type or Print)

Henry Schutz

2. DATE
OF
DEATH1953
September 10, 19

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

2034 East 30th St.

Yrs.
Mos.
Days

Length of stay in Baltimore

Life

SEX

6. COLOR OR RACE
M W
7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married
8. USUAL OCCUPATION (Give kind of
occupation during most of working life, even if retired)
Office Manager
10a. KIND OF BUSINESS OR
INDUSTRY
Bank

FATHER'S NAME

Michael Schutz

WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)
Yes16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

Dec. 15, 1893

9. AGE (In years
last birthday)

59

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Barbara Popp

17. INFORMANT 2034 E. 30th St.
Mrs Elizabeth Schutz

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. CAUSE WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the
deceased alive on _____, 19____, and that death occurred at 9 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Sept. 14, 53

Loudon Park

Baltimore Md.

RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 14 1953

Henry Sander & Sons Inc.

Baltimore Md.

29071

Sey? Kewer

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 8232**

53 8232

NAME OF DECEASED (Type or Print) Rebecca Levy				2. DATE OF DEATH 9-13-53	
PLACE OF DEATH: Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
FULL NAME OF HOSPITAL OR INSTITUTION Lewndale Aged Home				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-04	
Length of stay in Baltimore 15 years				D. STREET ADDRESS (If rural, give location) 1939 Herbert St.	
SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 1880	9. AGE (In years last birthday) 73	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired) Housewife			11. BIRTHPLACE (State or foreign country) England		12. CITIZEN OF WHAT COUNTRY? U.S.C.
FATHER'S NAME Isaac Landsman			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) no or unknown			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. Ella Levy			ADDRESS 4443 Bell Hall Rd.		
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) arteriosclerotic Cardiovascular disease			INTERVAL BETWEEN ONSET AND DEATH few years		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. General Arteriosclerosis			many years		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 9-1-53			19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-1- 1952 to 9-13- 1953 , that I last saw the deceased alive on 9-13- 1953 , and that death occurred at 5:50 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE S. S. Gomiondskis			23B. ADDRESS Lewndale Home		23C. DATE SIGNED 9-13-53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9/14/53	24C. NAME OF CEMETERY OR CREMATORY Hebrew Burial		24D. LOCATION (City, town, or county) (State) Baltimore Maryland
25. RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE S. S. Gomiondskis		25. FUNERAL DIRECTOR 1124 W. Pratt Ave	

(22)

1925

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8233

L-000
53 8233
BIRTH NO.

1. NAME OF DECEASED (Type or Print) CARROLL LEE			2. DATE OF DEATH September 12, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Anne Arundel		
B. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore (Rural) - 25		
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 613 Creswell Road		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 3/15/1919	9. AGE (In years last birthday) 34	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver			10B. KIND OF BUSINESS OR INDUSTRY Oil Co.		11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME Walter W. Lee		
14. MOTHER'S MAIDEN NAME Leanah Stewart			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT Mr. Walter Lee		
ADDRESS 1508 Light Street					

18. E 824.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Electrocution			CAUSE OF DEATH Electrocution			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____			2nd and 3rd degree burns of 50-60% of body surfaces			
19A. DATE OF OPERATION 9-12-53			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH highway		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) highway		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Route 301, 9 miles south of Glen Burnie		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 9-12-53 2:00 P.		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? Oil truck burned due to axle causing sparks on ground - Electrocuted by high tension wire overhead		
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .						
23A. SIGNATURE Joseph A. Jarling			23B. CHIEF MEDICAL EXAMINER M.D. Assistant Medical Examiner		23C. DATE SIGNED 9-13-53	
24A. BURIAL CREMATION, REMOVAL (Specify) Burial		24B. DATE 9/15/53		24C. NAME OF CEMETERY OR CREMATORY Glen Haven Memorial		
24D. LOCATION (City, town, or county) (State) Glen Burnie, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR 9-14-53		24F. REGISTRAR'S SIGNATURE Huntington Hall		
24G. DATE RECEIVED BY LOCAL REGISTRAR 9-14-53		24H. REGISTRAR'S SIGNATURE Huntington Hall		24I. FUNERAL DIRECTOR JOHN F. DENNY, Inc.		
24J. ADDRESS 715 Light St.		24K. ADDRESS		24L. ADDRESS		

8128 17

8128 17

STATE OF NEW YORK

Continued

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 8234**

MAF-174463
53 8234

1. NAME OF DECEASED (Type or Print) Susan Yates		2. DATE OF DEATH 9-12-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY BALTO.	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore ? Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) Dunnellen Drive #4 5355	
5. SEX F	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 6, 1947
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Schoolgirl		10B. KIND OF BUSINESS OR INDUSTRY at home	9. AGE (In years last birthday) 6 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Lester Yates		14. MOTHER'S MAIDEN NAME Marion Smith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) None (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	
17. INFORMANT B. C. H.		ADDRESS 4940 Eastern Ave. (records)	
18. 080.1 CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH 6 days
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Polio (paralytic) DUE TO			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 9-10 19 53 , to 9-12 19 53 , that I last saw the deceased alive on 9-12 19 53 , and that death occurred at 9:20A m., from the causes and on the date stated above.			
23A. SIGNATURE H. J. [Signature]		23B. ADDRESS 4940 Eastern Ave.	23C. DATE SIGNED 9-12-1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Sept. 14, 1953	24C. NAME OF CEMETERY OR CREMATORY Providence Methodist Cem.	24D. LOCATION (City, town, or county) (State) Providence, Balt. Co., Md.
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR John Burns' Sons, Towson 4, Md.	ADDRESS

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

SEP 14 1953
VS 150

53 8234

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53 8235

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8235

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Albert Norwitz

2. DATE
OF
DEATH

9/13/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE

(Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Sinai Hosp.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 15-12

D. STREET ADDRESS (If rural, give location)

3614 Park Heights Ave

c. Length of stay in Baltimore

60 Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Rose Norwitz - Same

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Myocardial Failure

DUE TO

ANTECEDENT CAUSES

(B)

HYPERTENSIVE Cardio-vasc. Dis.

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/10 1953, to 9/13 1953, that I last saw the
deceased alive on 9/13 1953, and that death occurred at 2:25 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

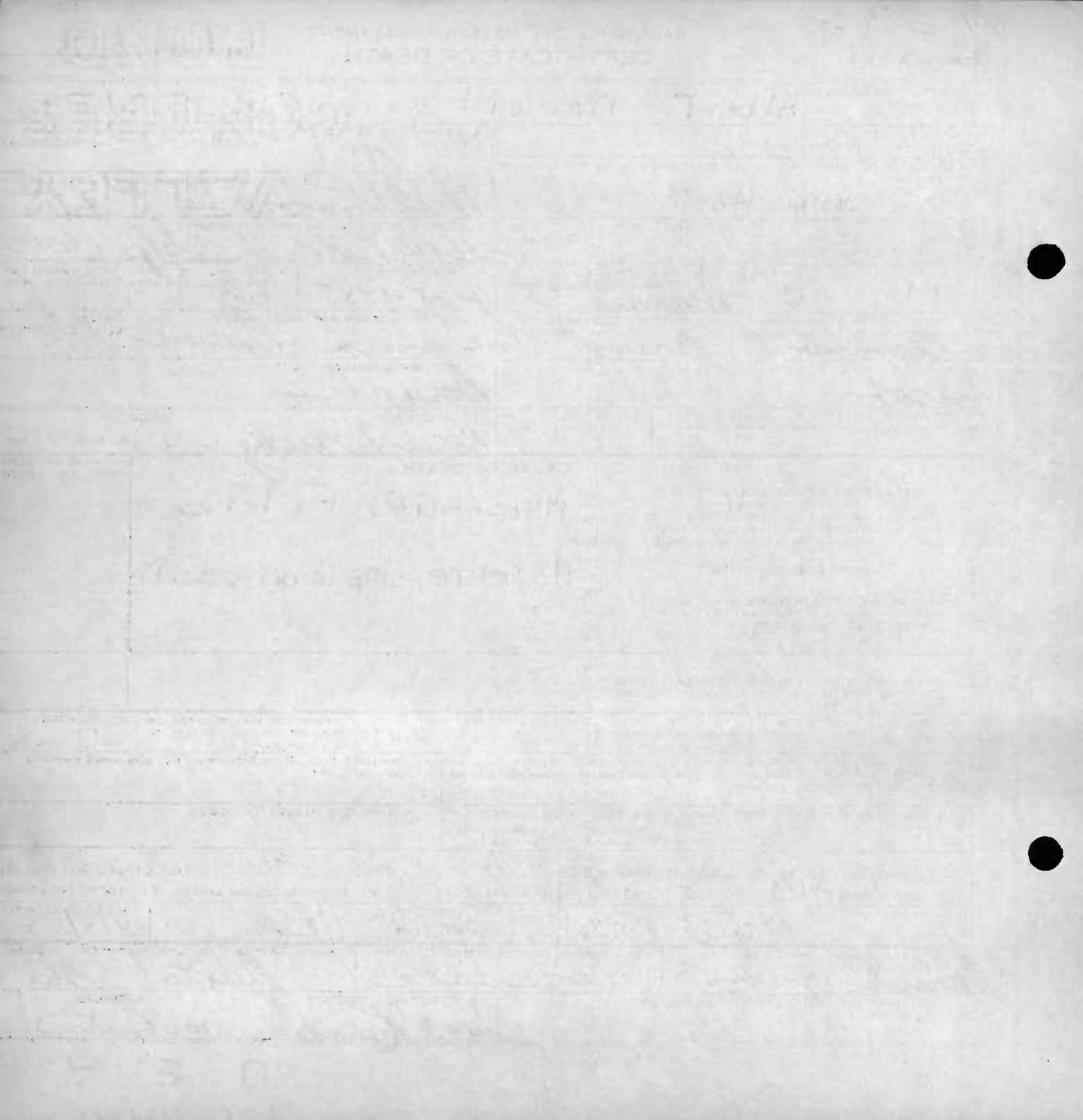
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

49061



MARGIN RESERVED FOR BINDING

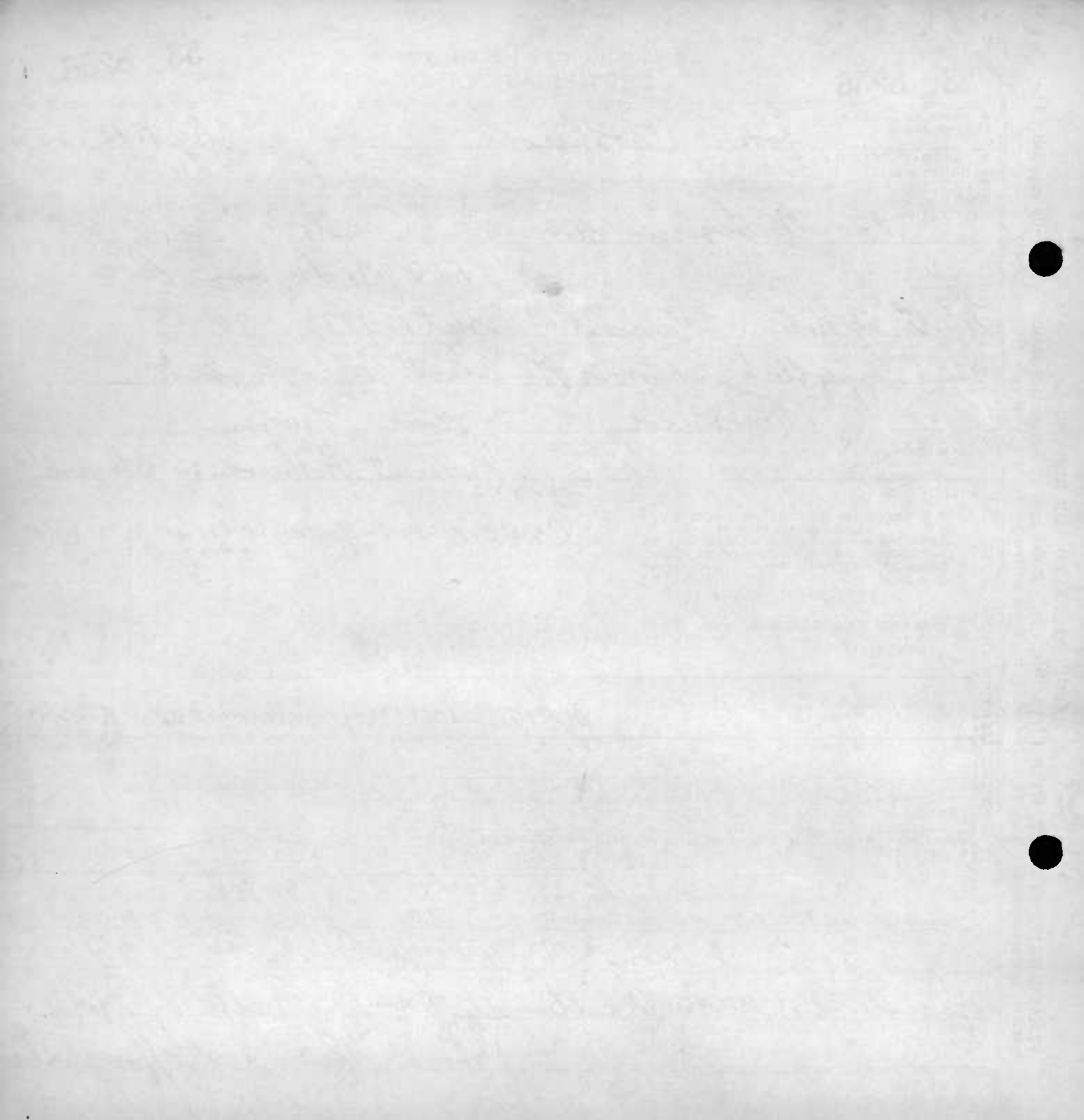
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 8236**

53 8236
BIRTH NO.

1. NAME OF DECEASED (Type or Print) John Protheroe			2. DATE OF DEATH Sept. 12-1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 123 N. Luzerne Ave.			C. CITY OR TOWN (If outside corporate limits, write FULL and give township) Balto. 6-02		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 123 N. Luzerne Ave		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 13-1872		9. AGE (In years last birthday) 80
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Supply Clerk		10B. KIND OF BUSINESS OR INDUSTRY Sparrows Pt	11. BIRTHPLACE (State or foreign country) South Wales, England		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Protheroe			14. MOTHER'S MAIDEN NAME Lewis		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT William Protheroe	
18. 159 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CARCINOMA - GASTRO-INTESTINAL TRACT		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 2-3 YRS.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ARTERIOSCLEROSIS, GENERALIZED		
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6/22/53 , 19__, to 9/11/53 , 19__, that I last saw the deceased alive on 9/11/53 , 19__, and that death occurred at 7 A. m., from the causes and on the date stated above					
23A. SIGNATURE Benj. B. Moore M.D.		23B. ADDRESS 448 N. Luzerne Ave.		23C. DATE SIGNED 9/14/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sept. 15-1953		24C. NAME OF CEMETERY OR CREMATORY Baltimore Cem.	
24D. LOCATION (City, town, or county) (State) Balto. Md.		24E. FUNERAL DIRECTOR John H. Miller 2334 Jefferson St.			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE			



-236

3 8237

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8237
Registered No.

TH NO.

NAME OF DECEASED
(Type or Print)

Shuster, Howard Middleton

2. DATE
OF DEATH September 12, 1953

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

6306 Elinore Avenue

Length of stay in Baltimore

34 yr.

SEX
Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

SEPT 22 1897

9. AGE (In years last birthday)

55

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10. USUAL OCCUPATION (Give kind of one during most of working life, even if retired)

CLERK

10B. KIND OF BUSINESS OR INDUSTRY

GRAYBAR ELECTRIC CO

11. BIRTHPLACE (State or foreign country)

WILMINGTON DEL

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

FATHER'S NAME

SAMUEL SHUSTER.

14. MOTHER'S MAIDEN NAME

ANNA MIDDLETON

WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

21203 3653

17. INFORMANT

ADDRESS

ANNE A SHUSTER 6306 ELINORE AVE

18. 525X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary fibrosis, bilateral

ANTECEDENT CAUSES

(B) Pulmonary emphysema

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerosis, generalized

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from September 3, 1953, to September 12, 1953, at I last saw the deceased alive on Sept. 12 1953, and that death occurred at 8:40 a.m., from the causes and on the date stated above.

23A. SIGNATURE

R. Rossi with

23B. ADDRESS

M. D.

1400 N. Caroline Street

23C. DATE SIGNED

Sept. 12, '53

24. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

SEPT 15 1953

24C. NAME OF CEMETERY OR CREMATORY

CATHEDRAL CEMETERY

24D. LOCATION (City, town, or county)

WILMINGTON

(State)

DEL.

25. RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

7110 BELAIR RD.

Vs 150

3903M

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

DEATH CERTIFICATE

NAME OF DECEASED

AGE

SEX

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

Cause of Death

Signature of Registrar

Signature of Physician

Signature of Coroner

Signature of Burial Officer

Signature of Witness

Signature of Minister

Signature of Undertaker

MAF-170897

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 8238

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph H. Claggett

2. DATE
OF
DEATH

Sept. 12, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland

B. COUNTY before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTIONBaltimore City Hospital's
4940 Eastern Ave.C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1559 Woodyear St.

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

May 21, 1928

9. AGE (in years
last birthday)

25

If Under 1 Year Months: Days Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Manuel Claggett

14. MOTHER'S MAIDEN NAME

Alla F. Young

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

212-12-3357

17. INFORMANT

ADDRESS

B. C. H. 4940 Eastern Ave. (records)

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Bilateral Advance Pulmonary Tuberculosis
DUE TO Complicated by Spontaneous Pneumothorax

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-3, 1953 to 9-12, 1953, that I last saw the
deceased alive on 9-12, 1953, and that death occurred at 10:45P m., from the causes and on the date stated above.

23A. SIGNATURE

J. J. Jones

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

9-12-1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

9/16/53

24C. NAME OF CEMETERY OR CREMATORY

MT. AUBURN CEM

24D. LOCATION (City, town, or county)

BALTO-

(State) Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 14 1953

VS 150

CONFIDENTIAL

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8239
Registered No.53 8239
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Rose O'Connor			2. DATE OF DEATH 9/12/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Sinai Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. Md 7-03		
c. Length of stay in Baltimore Life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2319 Mc Elderly St #5		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 10/29/1870	9. AGE (In years last birthday) 82	H Under 1 Year Months: Days: H Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper		10B. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Balto		12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME John Stricker			14. MOTHER'S MAIDEN NAME Annie -		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) - (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none	17. INFORMANT ADDRESS Sis. J. O'Connor, 535 Baltimore		
18. 151X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Stomach DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION 0			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9/5 , 19 53 , to 9/12 , 19 53 , that I last saw the deceased alive on 9/12 , 19 53 , and that death occurred at 11:20 Am., from the causes and on the date stated above.					
23A. SIGNATURE James J. Heller		23B. ADDRESS Sinai Hospital		23C. DATE SIGNED 9/12/53	
23A. BURIAL, CREMATION, REMOVAL (Specify) Burial		23B. DATE Sept 15/53		23C. NAME OF CEMETERY OR CREMATORY Balto Cem.	
23D. LOCATION (City, town, or county) (State) Balto Md		23E. NAME OF CEMETERY OR CREMATORY Balto Cem.		23F. LOCATION (City, town, or county) (State) Balto Md	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Philip Herwig		25. FUNERAL DIRECTOR ADDRESS 2824 Calver St	

VALLEY

CONCRETE

BOND

2-100

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8240

TH NO. 8240

NAME OF DECEASED
(Type or Print)

John Popp

2. DATE
OF
DEATH

9-13-53

PLACE OF DEATH:

Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD

BALTO

FULL NAME OF (If not in hospital or institution, give street address or location)

Church Home + Hosp.

C. CITY OR TOWN

BALTIMORE

D. STREET ADDRESS (If rural, give location)

107 N GLOVER (GLOVER ST.)

Length of stay in Baltimore

LIFE

SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

W.

8. DATE OF BIRTH

4-1-85

9. AGE (In years last birthday)

68

If Under 1 Year Months: Days Hours: Min.

10. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired)

Telegraph Operator

10b. KIND OF BUSINESS OR INDUSTRY

R. R.

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF WHAT COUNTRY?

USA

FATHER'S NAME

Frederick Popp

14. MOTHER'S MAIDEN NAME

Mary Klein

WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

310-03-1297

17. INFORMANT

ADDRESS

Daughter 3210 KENYAN S

18. 430.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pneumonia

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Pulmonary infarction

DUE TO

5 days

(C) Bacterial Endocarditis

1 month

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 9-12 1953, to 9-13 1953 that I last saw the deceased alive on 9-13 1953 and that death occurred at 12:30 m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

25. RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

365 50

31

MEMORANDUM FOR THE RECORD

11/11/54

TO: THE DIRECTOR, FBI

FROM: SAC, NEW YORK

SUBJECT: [Illegible]

RE: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

13. [Illegible]

14. [Illegible]

15. [Illegible]

16. [Illegible]

17. [Illegible]

18. [Illegible]

19. [Illegible]

20. [Illegible]

21. [Illegible]

22. [Illegible]

23. [Illegible]

24. [Illegible]

25. [Illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

L-120

53 8241

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 8241

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Caroline Lopez

2. DATE OF DEATH

9/13/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

1133 Ward St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 21-02

D. STREET ADDRESS (If rural, give location)

1133 Ward St.

c. Length of stay in Baltimore

Life

5. SEX

F

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

5/4/1875

9. AGE (In years, last birthday)

78

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House work

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

John D. P. M. Butz

14. MOTHER'S MAIDEN NAME

Dora Washmuth

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

No

17. INFORMANT

Mr. Vernon G. Lopez

ADDRESS

1133 Ward St.

18. *332X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) *Cerebral Thrombosis*

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Arteriosclerosis*

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Cerebral palsy right side.

2 years

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ WORK

NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Dec*, 19*51*, to *Sept 13*, 19*53* that I last saw the deceased alive on *Sept 12*, 19*53*, and that death occurred at *3 A* m., from the causes and on the date stated above.

23A. SIGNATURE

John P. Unbeck, Jr

23B. ADDRESS

1227 Wards Blvd

23C. DATE SIGNED

9-13-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9/16/53

24C. NAME OF CEMETERY OR CREMATORY

Louisa Park Cem.

24D. LOCATION (City, town, or county) (State)

3801 Frederick Ave, Baltimore, Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

John J. Cowan & Son

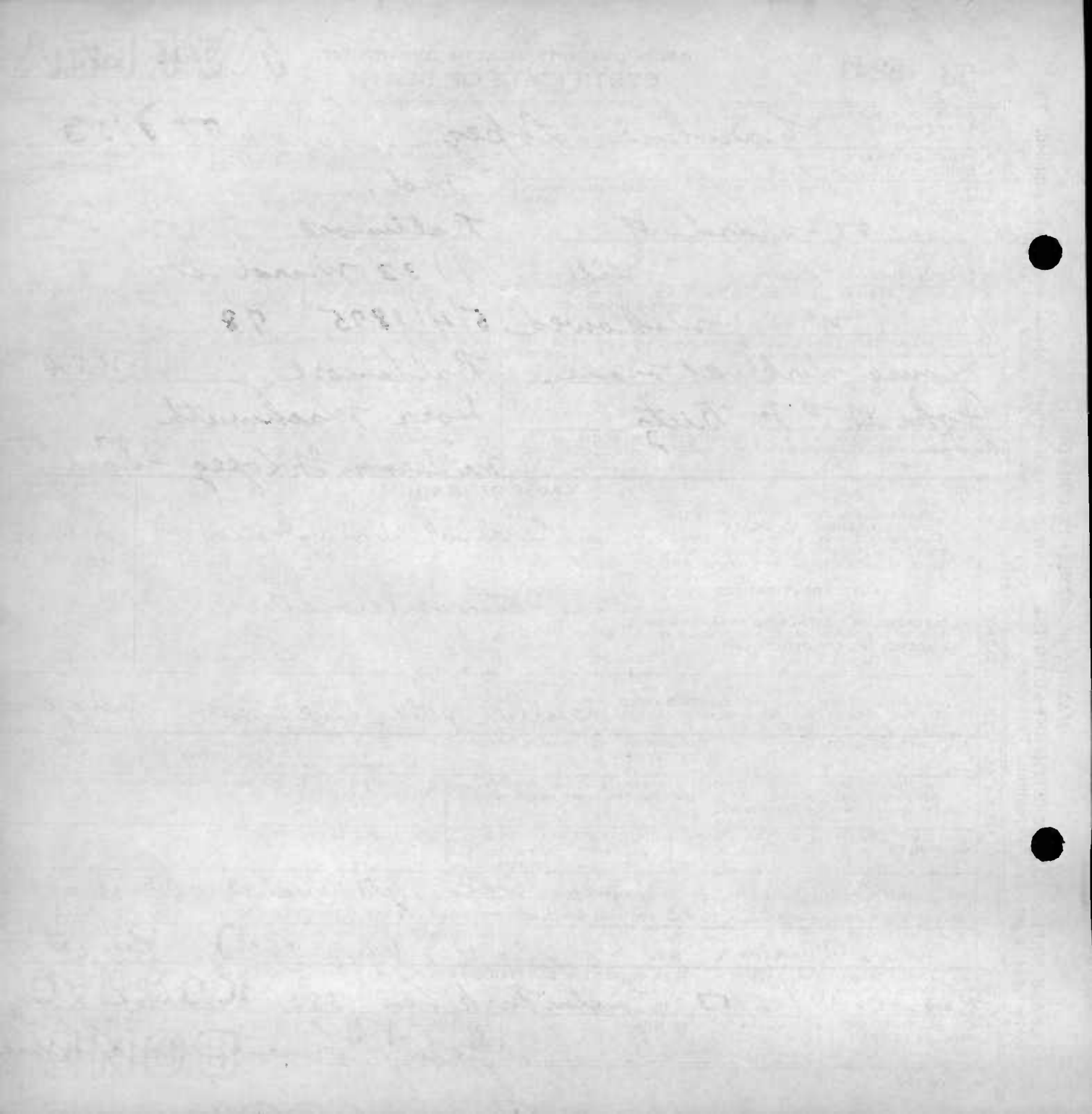
25. FUNERAL DIRECTOR

John J. Cowan & Son

ADDRESS

1227 Wards Blvd

VS 150



K-656

53 8242

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8242

BIRTH NO.			1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
			Charles Kramer			Sept 11, 1953		
3. PLACE OF DEATH:			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
A. Baltimore City, Maryland			A. STATE Md.					
B. FULL NAME OF HOSPITAL OR INSTITUTION			B. COUNTY					
JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
			D. STREET ADDRESS (If rural, give location)					
c. Length of stay in Baltimore			627 N. Washington St					
5. SEX			6. COLOR OR RACE			7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		
Male			White			Married		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country)		
Maintenance Man			John Hopkins Hospital			Md. BALTO.		
13. FATHER'S NAME			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		
Upton Kramer						14. MOTHER'S MAIDEN NAME		
						Alice Wilkins		
						17. INFORMANT ADDRESS		
						JOHNS HOPKINS HOSPITAL		
1B. 420.1			CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			Myocardial Infarction					
ANTECEDENT CAUSES			DUE TO					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			DUE TO					
			DUE TO					
II			OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED			20. AUTOPSY?		
						YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 9-11-1953 to 9-11-1953, that I last saw the deceased alive on 9-11-1953, and that death occurred at 2:40 p.m., from the causes and on the date stated above.								
23A. SIGNATURE			23B. ADDRESS			23C. DATE SIGNED		
W. Gordon Wilkins			JOHNS HOPKINS HOSPITAL			11 Sept 53		
24A. BURIAL, CREMATION, REMOVAL (Specify)			24B. DATE			24C. NAME OF CEMETERY OR CREMATORY		
Burial			9/15/53			Baltimore Cem. E. North Ave + Rose St		
DATE RECEIVED BY LOCAL REGISTRAR			REGISTRAR'S SIGNATURE			25. FUNERAL DIRECTOR ADDRESS		
SEP 14 1953			Huntington			John J. Bowman & Son 37 Collins		

5548T

STATE OF TEXAS
CERTIFICATE OF DEATH

19

Deceased's Name

Deceased's Name

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8243

BIRTH NO. 53 8243

1. NAME OF DECEASED
(Type or Print)

SVEN MAURITS SVENSSON

2. DATE
OF
DEATH

9-11-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

City Hospitals

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Sweden

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Valdemarsvik

D. STREET ADDRESS (If rural, give location)

26-12

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
single

8. DATE OF BIRTH

June 24, 1911

9. AGE (in years
last birthday)

42

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Salon Waiter

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Stockholm, Sweden

12. CITIZEN OF
WHAT COUNTRY?
Sweden

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Carl Hammarstrom, S. S. Othom

18. E 853 X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) MULTIPLE FRACTURES OF

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) SKULL AND RIBS

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

PULMONARY EDEMA

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)
ship21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Pier 6, Canton

26-36

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY 9-11-53 P.21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☒
IN. WORK AT WORK

21F. HOW DID INJURY OCCUR?

hatch
Fell approximately 50' through open22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Joseph A. Jachimec

M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
9-12-5324A. BURIAL, CREMATION,
TATION, REMOVAL (Specify)

burial

24B. DATE
9/14/5324C. NAME OF CEMETERY OR CREMATORY
Old St. Paul's Cemetery24D. LOCATION (City, town, or county) (State)
Baltimore, MarylandDATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

N 804.2

784614

J.M. Burke Inc. 1217 St. Paul Street

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2512
CERTIFICATE OF DATA

2512

2512

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2512

2512

-656

8244

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8244

BIRTH NO.

NAME OF DECEASED
(Last, first, middle, or Print)

Mary Barbara KREMER

2. DATE
OF
DEATH

9-12-53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hospital

Yrs.
Mos.
Days

Length of stay in Baltimore

SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. USUAL OCCUPATION (Give kind of
one during most of working life, even if retired)

Housewife

10a. KIND OF BUSINESS OR
INDUSTRY

At Home

FATHER'S NAME

Phillip Daniel Barber

WAS DECEASED
EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

May 17, 1882

9. AGE (In years
last birthday)

71

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Sarah Allnutt

17. INFORMANT

ADDRESS

same

18. 420.0 and 175x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Myocardial Infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Heart Disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Carcinoma of ovary

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

9-8-53

generalized mucoid Ca of Peritoneal cavity

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

m. WHILE AT ☐ WORK ☐ NOT WHILE ☐ AT WORK ☐22. I hereby certify that I attended the deceased from 9-8, 1953, to 9-12, 1953, that I last saw the
deceased alive on 9-12, 1953, and that death occurred at 6 A m., from the causes and on the date stated above.

23a. SIGNATURE

Louise Schaefer

M. D.

23b. ADDRESS

Union Memorial Hospital

23c. DATE SIGNED

9-12-53

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Cremation

24b. DATE

9/15/53

24c. NAME OF CEMETERY OR CREMATORY

GreenMount Cemetery

24d. LOCATION (city, town, or county)

Baltimore, Maryland

25. RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

J. M. Cook, Inc., 1251 H. Paul St.

ADDRESS

UNITED STATES DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of medical examiner		11. Signature of coroner		12. Signature of jury	
13. Signature of witness		14. Signature of witness		15. Signature of witness		16. Signature of witness	
17. Signature of witness		18. Signature of witness		19. Signature of witness		20. Signature of witness	
21. Signature of witness		22. Signature of witness		23. Signature of witness		24. Signature of witness	
25. Signature of witness		26. Signature of witness		27. Signature of witness		28. Signature of witness	
29. Signature of witness		30. Signature of witness		31. Signature of witness		32. Signature of witness	
33. Signature of witness		34. Signature of witness		35. Signature of witness		36. Signature of witness	
37. Signature of witness		38. Signature of witness		39. Signature of witness		40. Signature of witness	
41. Signature of witness		42. Signature of witness		43. Signature of witness		44. Signature of witness	
45. Signature of witness		46. Signature of witness		47. Signature of witness		48. Signature of witness	
49. Signature of witness		50. Signature of witness		51. Signature of witness		52. Signature of witness	
53. Signature of witness		54. Signature of witness		55. Signature of witness		56. Signature of witness	
57. Signature of witness		58. Signature of witness		59. Signature of witness		60. Signature of witness	
61. Signature of witness		62. Signature of witness		63. Signature of witness		64. Signature of witness	
65. Signature of witness		66. Signature of witness		67. Signature of witness		68. Signature of witness	
69. Signature of witness		70. Signature of witness		71. Signature of witness		72. Signature of witness	
73. Signature of witness		74. Signature of witness		75. Signature of witness		76. Signature of witness	
77. Signature of witness		78. Signature of witness		79. Signature of witness		80. Signature of witness	
81. Signature of witness		82. Signature of witness		83. Signature of witness		84. Signature of witness	
85. Signature of witness		86. Signature of witness		87. Signature of witness		88. Signature of witness	
89. Signature of witness		90. Signature of witness		91. Signature of witness		92. Signature of witness	
93. Signature of witness		94. Signature of witness		95. Signature of witness		96. Signature of witness	
97. Signature of witness		98. Signature of witness		99. Signature of witness		100. Signature of witness	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 8245**BIRTH NO. **53 8245**1. NAME OF DECEASED
(Type or Print)**NELLIE ARNOLD FOARD**2. DATE
OF
DEATH**9-11-1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLANDB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE**Hospital for the Women**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

5-17-1867

9. AGE (In years last birthday)

86

10. Under 1 Year

3

11. Under 24 Hours

23

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JOHN RICHARD ARNOLD

14. MOTHER'S MAIDEN NAME

ARMIGER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT **DAUGHTER** ADDRESS**Mrs MARY MURKEY 1620 Shady Side Av.**18. **587.2**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Pancreatic cyst, post operative 3 days****3 months**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

8-9-1953

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

Mass in Abdomen

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **8-2**, 1953 to **9-11**, 1953 that I last saw the deceased alive on **9-11**, 1953, and that death occurred at **900 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE

Harvey Gray

23B. ADDRESS

M.D. Hospital for the Women of Md

23C. DATE SIGNED

9-12-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9/14/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery Baltimore, Maryland

24D. LOCATION (City, town, or county) (State)

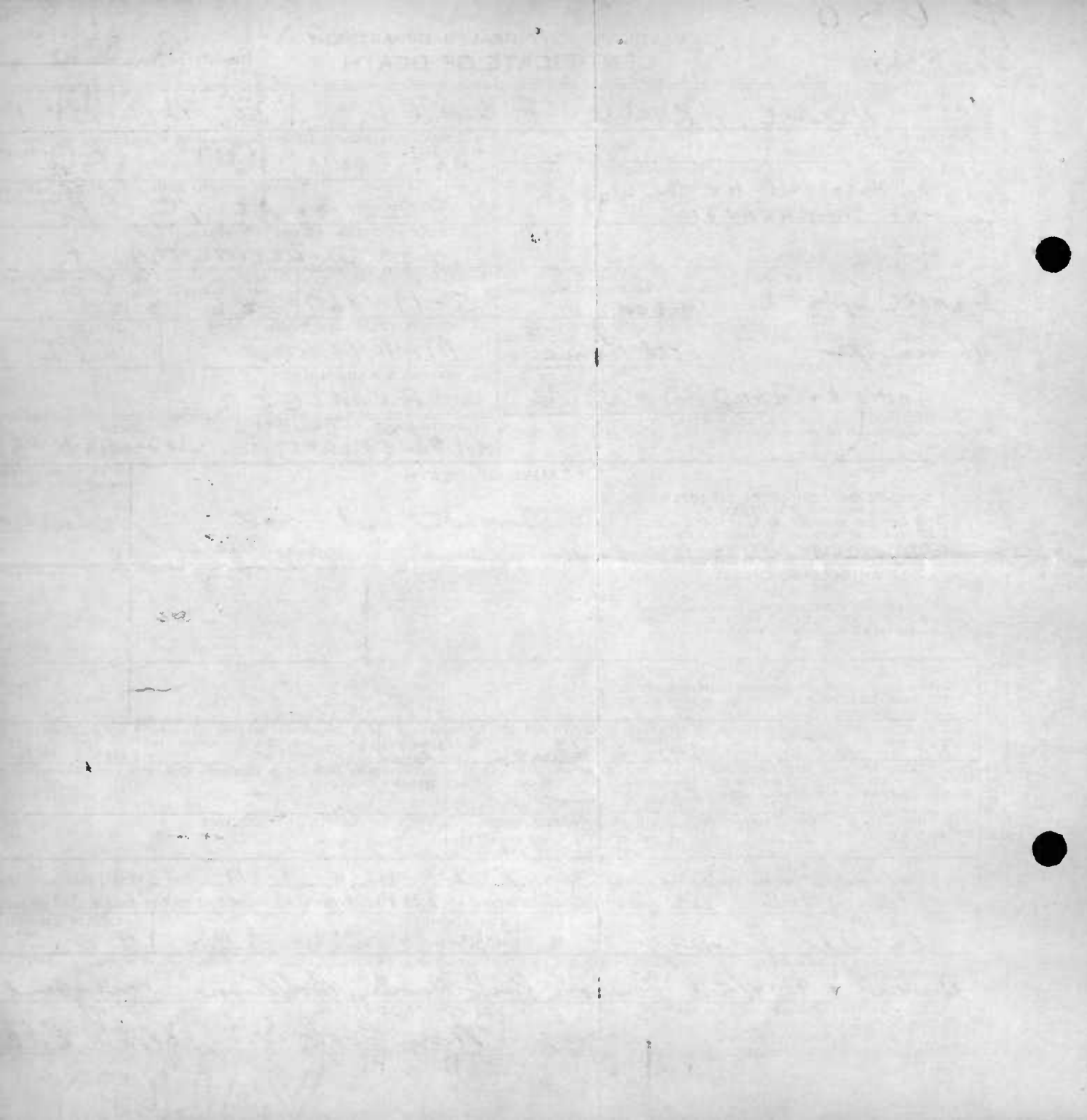
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 14 1953**Wm. Cook, Inc. 1217 B. Bulb**



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 8246

Registered No. 53 8246

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

2. DATE
OF
DEATH

3. PLACE OF DEATH:

Margaret Graser

A. Baltimore City, Maryland

St. Agnes Hospital

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

St. Agnes Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

White

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

10/20/90

9. AGE (In years
last birthday)

63

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Seamstress

10B. KIND OF BUSINESS OR
INDUSTRY

Haas Clothing Factory

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Conrad Graser

14. MOTHER'S MAIDEN NAME

Apolina Seitz

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Unknown

Unknown

16. SOCIAL
SECURITY NO.

Unknown

17. INFORMANT

ADDRESS

18. 154X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma of rectum

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

9/3/53

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMED

Carcinoma rectum

IF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 29, 1953, to Sept 11, 1953 that I last saw the deceased alive on Sept 11, 1953, and that death occurred at 6 P. m., from the causes and on the date stated above.

23A. SIGNATURE

James E. Rowe Jr.

M. D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

9/11/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

9/15/53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 14 1953

Thurston

Wm. Cook, Inc.

1217 St. Paul Street

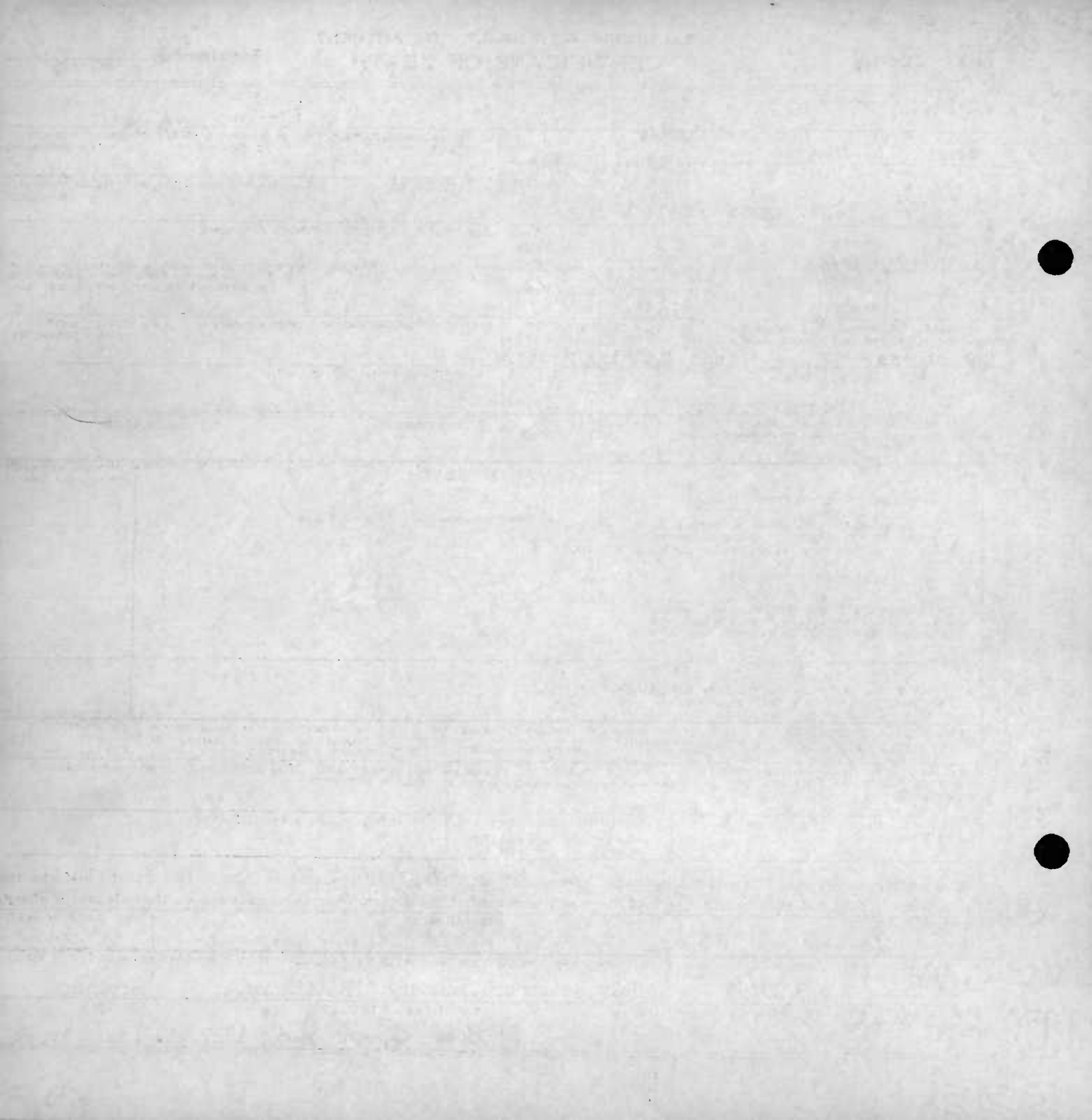
VS 150

6904G

MEDICAL CERTIFICATION

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



D-4100

53 8247

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8247

RTH NO.

NAME OF DECEASED
(Type or Print)

Owen Henry Doyle

2. DATE
OF
DEATH 9-12-53PLACE OF DEATH:
Baltimore City, MarylandFULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JENKINS MEMORIAL HOSPITAL

Length of stay in Baltimore

Yrs.
Mos.
DaysSEX
M6. COLOR OR RACE
W7. SINGLE, ~~MARRIED~~
WIDOWED, DIVORCED (Specify)
MARRIEDA. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)
Ed. Laborer10B. KIND OF BUSINESS OR
INDUSTRY
U.S. Chemical Co.FATHER'S NAME
Matthew Doyle. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived, if institution; residence
A. STATE B. COUNTY before admission)

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE 10-01D. STREET ADDRESS (If rural, give location)
1040 Broomwood Ave.8. DATE OF BIRTH
July 14, 19109. AGE (In years
last birthday) 43If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.11. BIRTHPLACE (State or foreign country)
MARYLAND12. CITIZEN OF
WHAT COUNTRY?14. MOTHER'S MAIDEN NAME
Edna Murphy17. INFORMANT
Anthony Doyle, 809 N. Augusta Ave.

ADDRESS

18. 544.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Aspiration of vomitus

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Acute dilatation of stomach 2 hr.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) Generalized arteriosclerosis

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 8/17 1953, to 9/12 1953, that I last saw the
deceased alive on 9-12, 1953, and that death occurred at 9:10 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

EP 14-1953

VS 1501

CERTIFICATE OF DEATH

1. Name of deceased: [illegible]
2. Sex: [illegible]
3. Age: [illegible]
4. Date of birth: [illegible]
5. Date of death: [illegible]
6. Place of death: [illegible]
7. Cause of death: [illegible]
8. Signature of physician: [illegible]
9. Signature of registrar: [illegible]
10. Date of registration: [illegible]

MARGIN RESERVED FOR BINDING

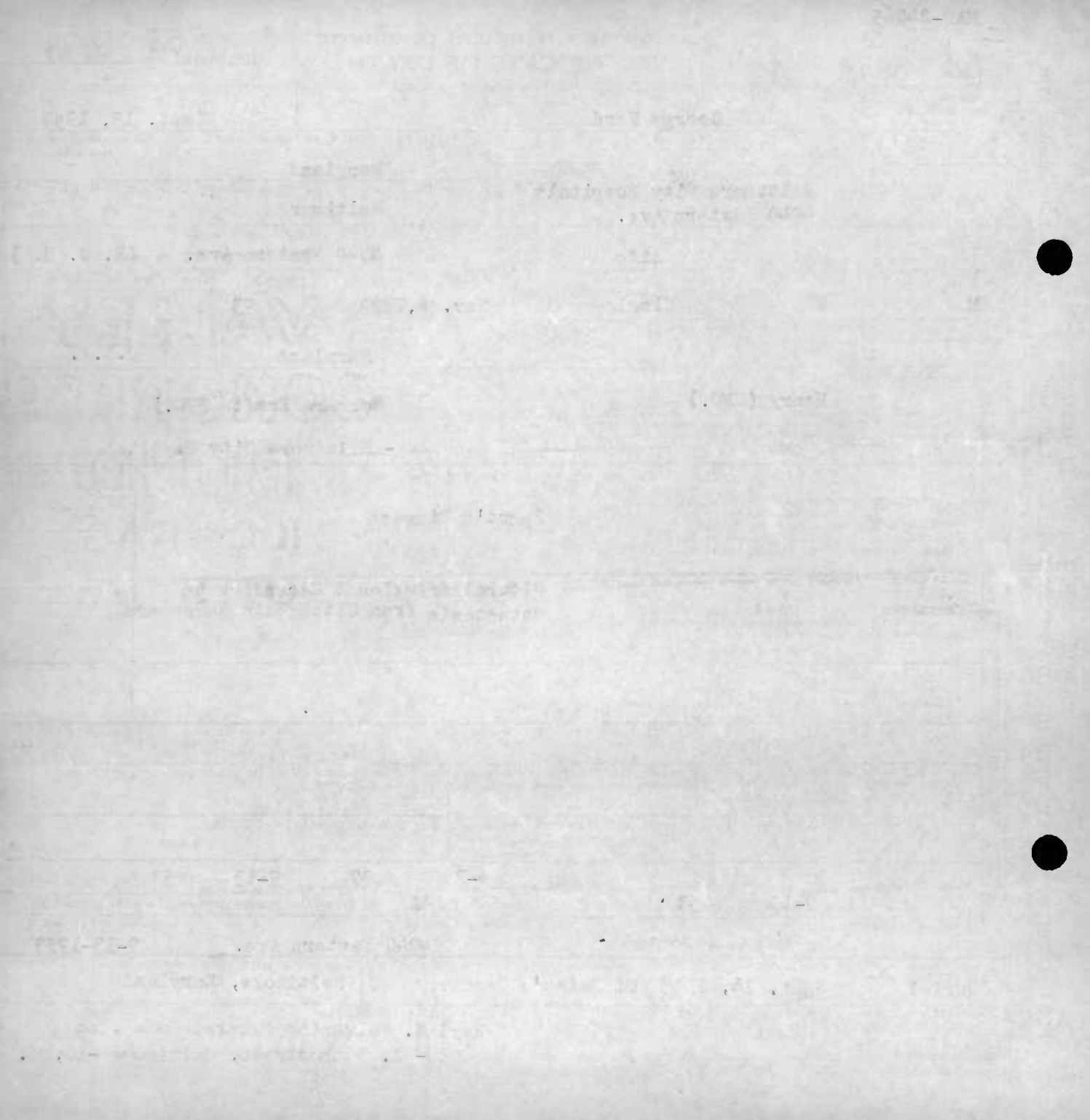
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MAT-24065
F-630
53 8248
BIRTH NO. 8248

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8248

1. NAME OF DECEASED (Type or Print)			George Ford			2. DATE OF DEATH Sept. 13, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY					
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-12					
C. Length of stay in Baltimore life			D. STREET ADDRESS (If rural, give location) 4940 Eastern Ave. (B. C. H.)					
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov. 6, 1879		9. AGE (In years last birthday) 73		10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Maryland		
13. FATHER'S NAME Henry (DEC.)			12. CITIZEN OF WHAT COUNTRY? U.S.A.					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. No			14. MOTHER'S MAIDEN NAME Barbara Kraft (DEC.)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. No			17. INFORMANT ADDRESS Records - Baltimore City Hospital		
18. 196x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) PAGET'S DISEASE (A) DUE TO			INTERVAL BETWEEN ONSET AND DEATH					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) Pleural Effusion ? Secondary to Metastasis from Osteogenic Sarcoma								
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION 0			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED			IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 6-2, 19 37 to 9-13, 1953, that I last saw the deceased alive on 9-13, 19 53, and that death occurred at 4A m., from the causes and on the date stated above.								
23A. SIGNATURE H. J. L. L. L.			23B. ADDRESS M. O. 4940 Eastern Ave.			23C. DATE SIGNED 9-13-1953		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE Sept. 14, 1953		24C. NAME OF CEMETERY OR CREMATORY St Peter's Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR			REGISTRAR'S SIGNATURE Huntington			25. FUNERAL DIRECTOR ADDRESS Earl B. Wylverton Funeral Home, Inc. 403 E. 25th Street, Baltimore - 18, Md.		



-536

53 8249

IRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8249
Registered No.NAME OF DECEASED
(Type or Print)

Mary Kondrat

2. DATE
OF
DEATH

Sept. 12-1953

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

1510 Cypress St.

Yrs.
Mos.
Days

Length of stay in Baltimore

SEX

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W.

8. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

FATHER'S NAME

Amelie Nitchuk

WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Margaret Hilscher 1510 Cypress.

18. 443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Arteriosclerotic Hypertensive
Cardiovascular disease
with Cerebral anoxemia

(B) DUE TO

(C) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.INTERVAL BETWEEN
ONSET AND DEATHMonths
Years
(5 or more)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from September 7, 1953, to September 12, 1953, that I last saw the
deceased alive on Sept 8, 1953, and that death occurred at 1 PM m., from the causes and on the date stated above.

23A. SIGNATURE

William D. Ross MD

23B. ADDRESS

M. D.

118 Senison Street.

23C. DATE SIGNED

Sept. 12, 1953

A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Sept. 15-1953

Holy Cross

A. A. Co.

Md.

TE RECEIVED BY
CAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Wm. B. Frolikowski 2007 Eastern

ave.

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF VETERANS AFFAIRS
OFFICE OF THE ASSISTANT SECRETARY FOR VETERANS AFFAIRS
WASHINGTON, D. C. 20460

Form 100-10
Rev. 1-60

OFFICE OF THE ASSISTANT SECRETARY FOR VETERANS AFFAIRS

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OFFICE OF THE ASSISTANT SECRETARY FOR VETERANS AFFAIRS

WASHINGTON, D. C. 20460

7-520

53 8250

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8250
Registered No.

TH NO.

NAME OF DECEASED
(Type or Print)

Thomas J. Miniecki

2. DATE
OF
DEATH

Sept. 14, 1953

PLACE OF DEATH:

Baltimore City, Maryland

Balto. City

FULL NAME OF (If not in hospital or institution, give street address or location)

2029 Eastern Ave.

Yrs.
Mos.
Days

Length of stay in Baltimore

SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 21-1900

9. AGE (In years
last birthday)

52

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10. USUAL OCCUPATION (Give kind of
long during most of working life, even if retired)

Labourer

10a. KIND OF BUSINESS OR
INDUSTRY

Highway Dept. Balto. City

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

FATHER'S NAME

James Miniecki

14. MOTHER'S MAIDEN NAME

Maryanna Glinka

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

no or unknown

16. SOCIAL
SECURITY NO.

212-14-3419

17. INFORMANT

ADDRESS

Gertrude Miniecki 2029 Eastern Ave

18. 581.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) CIRRHOSIS OF LIVER

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

8/30/53

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

BRONCHIAL ASTHMA

??

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF DEATH

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK AT WORK

22. I hereby certify that I attended the deceased from Aug. 30, 1953, to SEPT 14, 1953, that I last saw the
deceased alive on SEPT 14, 1953, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Joseph F. Brenga

23B. ADDRESS

209 S. Chester St

23C. DATE SIGNED

9/14/53

24. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 17-1953

24C. NAME OF CEMETERY OR CREMATORY

St. Stanislaus

24D. LOCATION (City, town, or county)

Balto. City

(State)

25. FUNERAL RECEIVED BY
LOCAL REGISTRAR

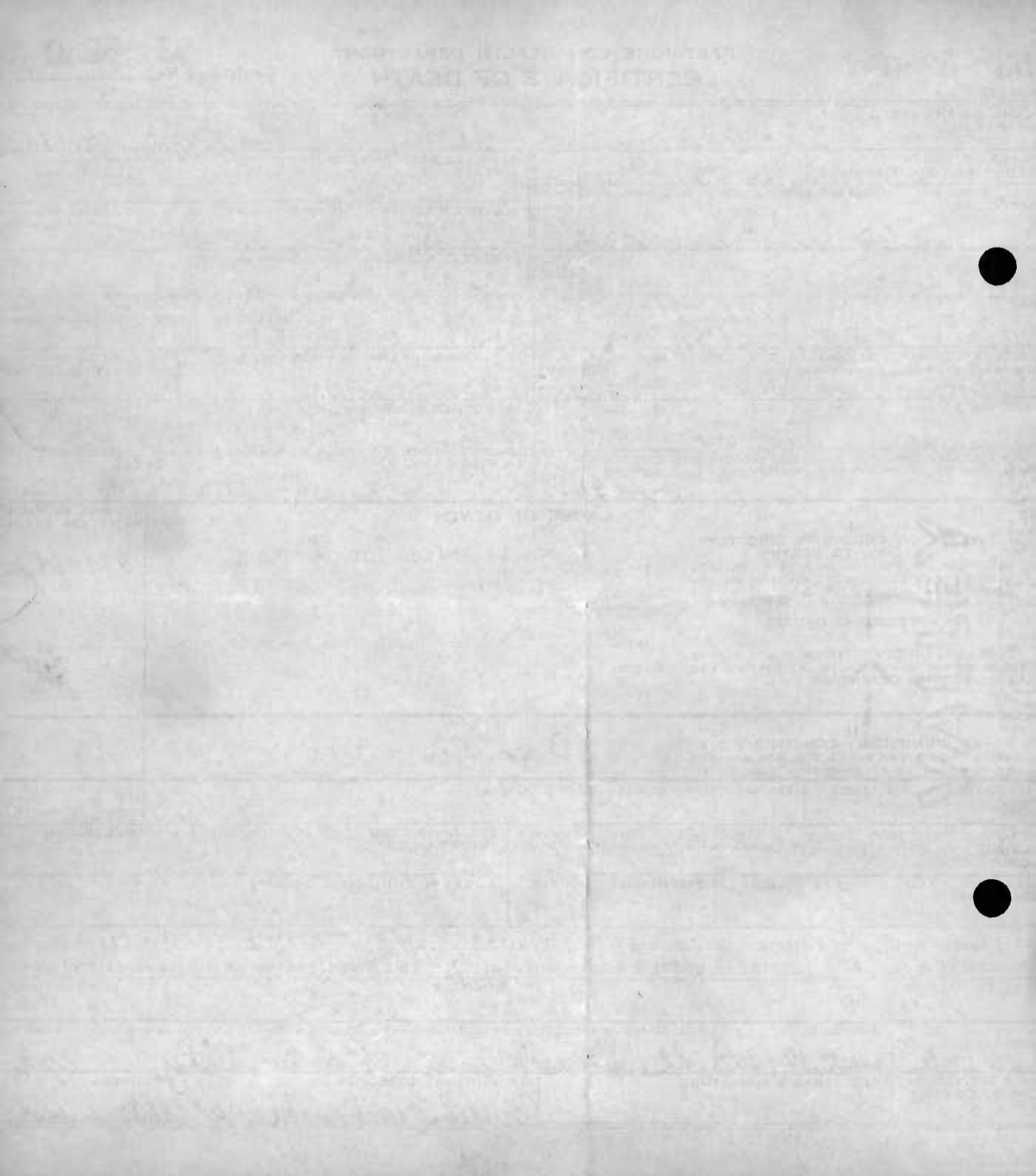
REGISTRAR'S SIGNATURE

Hunting 2-5/3000

25. FUNERAL DIRECTOR

Wm. S. Fialkowski 2007 Eastern Ave

ADDRESS



-250

8251

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 8251**

1. NAME OF DECEASED (Print) TALITHA E. RICE		2. DATE OF DEATH Sept 11, 1953	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 4003 Hickory Tree		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-07	
6. LENGTH OF stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 4003 Hickory Tree	
7. SEX male	8. COLOR OR RACE white	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	10. DATE OF BIRTH Nov 25, 1912
11. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) housewife	12. KIND OF BUSINESS OR INDUSTRY -	13. AGE (in years last birthday) 40	14. Under 1 Year Months: Days 40
15. FATHER'S NAME George W. Lamp, Sr.		16. CITIZEN OF WHAT COUNTRY? U. S.	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no or unknown		18. SOCIAL SECURITY NO. 17-11-11111	
19. MOTHER'S MAIDEN NAME Mary E. Sturgeon		20. INFORMANT ADDRESS Phillip P. Rice - 4003 Hickory Tree	
21. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) Coronary Heart Failure		22. INTERVAL BETWEEN ONSET AND DEATH 2 yrs.	
23. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Rheumatic C.V. Dis.		24. DUE TO 30 yrs.	
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
26. DATE OF OPERATION 9/15/53		27. MAJOR FINDINGS OF OPERATION	
28. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
29. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from Sept 4, 1953 to Sept 11, 1953 , that I last saw the deceased alive on Sept 4, 1953 and that death occurred at 11 m., from the causes and on the date stated above.			
23A. SIGNATURE John J. Hanan		23B. ADDRESS 421 Bell Rd	
23C. DATE SIGNED 9/14/53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sept 15/53	
24C. NAME OF CEMETERY OR CREMATORY Lorraine Park		24D. LOCATION (City, town, or county) (State) Windsor Mill Rd. Md.	
25. RECEIVED BY LOCAL REGISTRAR Theresa G. 5/30		25. FUNERAL DIRECTOR Austin E. Donovan - 3818 Roland Ave	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 8252
Registered No. _____

53 8252
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Herman J. Bruno</i>			2. DATE OF DEATH <i>Sept. 12 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>2235 Prentiss Place</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 8-04</i>		
c. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>2235 Prentiss Place #13</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>June 27 1886</i>	9. AGE (In years last birthday) <i>67 yrs</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Motorman-Retired</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Balte. Transit Co.</i>	11. BIRTHPLACE (State or foreign country) <i>Balte. Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
13. FATHER'S NAME <i>John H. Bruno</i>			14. MOTHER'S MAIDEN NAME <i>Elizabeth Stallknecht</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>213-10-1205</i>	17. INFORMANT ADDRESS <i>[Signature]</i>		

18. <i>203X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Branchiopneumonia</i>		CAUSE OF DEATH (A) <i>Branchiopneumonia</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>36 hrs.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Multiple Myeloma (?)</i>		(B) <i>Multiple Myeloma (?)</i> DUE TO	<i>6 months</i>
(C) _____			

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from <i>8/1</i> , 1953, to <i>9/12</i> , 1953, that I last saw the deceased alive on <i>9/11</i> , 1953, and that death occurred at <i>5:03 p.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>J. Karl Grossman</i>	M. D.	23B. ADDRESS <i>1212 N. Patterson Pl. Balt. Md.</i>	23C. DATE SIGNED <i>9/14/53</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Sept. 15 1953</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Morland Memorial</i>	24D. LOCATION (City, town, or county) (State) <i>Taylor Ave. - Balto. Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 14 1953</i>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR <i>John C. Miller Inc.</i>	ADDRESS <i>2431 E. Oliver St.</i>

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9550

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M-245

53 8253

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8253
Registered No.

IRTH NO.

NAME OF DECEASED
or Print

PLACE OF DEATH:

Baltimore City, Maryland 809 S. Glover St.

FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION 809 S. Glover St.

Length of stay in Baltimore

60 Yrs.

SEX
male6. COLOR OR RACE
white7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
WidowedUSUAL OCCUPATION (Give kind of
one during most of working life, even if retired)
Sorter (canning)10B. KIND OF BUSINESS OR
INDUSTRY
Canning industry

FATHER'S NAME

Adam Imbierowicz

WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)
NO16. SOCIAL
SECURITY NO.
215-05-081618. 443X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1951, to Sept. 11, 1953, that I last saw the
deceased alive on Sept. 11, 1953, and that death occurred at 6:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

69042

AVE

215-05-0816 - Samtfo-Nytr.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

H-256
53 8255

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8255
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Ross L. Hosmer		2. DATE OF DEATH 9-13-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
5. FULL NAME OF HOSPITAL OR INSTITUTION ST Agnes Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 5300			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1844 Holling Road #27			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Sept. 3, 1883	9. AGE (In years last birthday) 70
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Conductor		10B. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Horace O. Hosmer		12. CITIZEN OF WHAT COUNTRY? United States			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) none		16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Lewis	
17. INFORMANT Mr. Ross S. Hosmer		ADDRESS 508 Gun Rd.			
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Vascular Accident		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 9/12/53	
DUE TO		(A) Cerebral Vascular Accident		9/12/53	
ANTECEDENT CAUSES		(B) Hypertensive Cardia -		9/13/53	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO		(C) Vascular Disease	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9/12/53 , 19 53 , to 9/13/53 , 19 53 , that I last saw the deceased alive on 9/13/53 , 19 53 , and that death occurred at 5:30 A.M., from the causes and on the date stated above.					
23A. SIGNATURE B. Martin Middleton		23B. ADDRESS St. Agnes Hospital		23C. DATE SIGNED 9/13/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9/16/53		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	
24D. LOCATION (City, town, or county) (State) Balto., Md.					
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Wm. J. Vickers & Sons		25. FUNERAL DIRECTOR Wm. J. Vickers & Sons	
				ADDRESS Balto 17, Md	

20350

VALLEY
CONGRESS
BOND

TO BE PAID

U.S. A. 1

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TH NO.

MAX STRICKLAND
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8256

NAME OF DECEASED
(Please Print)

Max Strickland

2. DATE
OF
DEATH

Sept 11th 53

PLACE OF DEATH:

Baltimore City, Maryland

Baltimore

FULL NAME OF (If not in hospital or institution, give street address or location)

Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

428 Oxford Court #1

Years of stay in Baltimore

2 3 years

Yrs.
Mos.
Days

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

May 25 1896

9. AGE (In years last birthday)

27

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

11. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired)

108. KIND OF BUSINESS OR INDUSTRY

Champer

11. BIRTHPLACE (State or foreign country)

Po.

12. CITIZEN OF WHAT COUNTRY?

FATHER'S NAME

Max Strickland

14. MOTHER'S MAIDEN NAME

Frances Greene

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

pt

Same

B. 442X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Heart failure

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Cardio-Vascular renal disease

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Chronic persistent esophageal diverticulum

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 9, 1953 to Sept 11, 1953 that I last saw the deceased alive on Sept 11, 1953 and that death occurred at 3:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Marychang

23B. ADDRESS

M. D.

Maryland Gen Hosp.

23C. DATE SIGNED

Sept 11 1953

24. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 15, 1953

24C. NAME OF CEMETERY OR CREMATORY

Balto. National

24D. LOCATION (City, town, or county)

Baltimore, Md.

25. RECEIVED BY

REGISTRAR'S SIGNATURE

Chang

25. FUNERAL DIRECTOR

Charles R. Law, 802 Madison Ave.

ADDRESS

68352

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 8257BIRTH NO. 53 8257

1. NAME OF DECEASED (Type or Print) <i>Gussie Belle Reid</i>			2. DATE OF DEATH <i>Sept 9-1953</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland <i>Belts</i>			4. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission) a. STATE <i>Maryland</i> b. COUNTY <i>Baltimore</i>		
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>1810 Ruxton ave</i>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 15-03</i>		
c. Length of stay in Baltimore <i>15 yrs</i>			d. STREET ADDRESS (If rural, give location) <i>1810 Ruxton Ave</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Col</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>8/18/99</i>	9. AGE (In years last birthday) <i>54</i>	10. Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work, time during most of working life, or if retired) <i>Housewife</i>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>S.C.</i>
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME <i>Refus Ford</i>		
14. MOTHER'S MAIDEN NAME <i>Alice</i>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT <i>Willie Kramer New Jersey</i>		
18. <i>174X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cancer of the uterus</i>			19. CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO		
20. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
22. DATE OF OPERATION <i>9/14/53</i>			23. CONDITION FOR WHICH OPERATION WAS PERFORMED		
24. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II			25. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
26. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			27. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
28. TIME (Month) (Day) (Year) (Hour) OF INJURY			29. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
30. WHERE DID INJURY OCCUR?			31. HOW DID INJURY OCCUR?		
32. I hereby certify that I attended the deceased from <i>6-2</i> , 19 <i>53</i> , to <i>6-8</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>6-8</i> , 19 <i>53</i> , and that death occurred at <i>10:30 p.m.</i> , from the causes and on the date stated above.			33. SIGNATURE <i>George Adams</i>		
34. ADDRESS <i>2327 W. North</i>			35. DATE SIGNED <i>9-14-53</i>		
36. BURIAL, CREMATION, REMOVAL (Specify) <i>Shipped</i>			37. DATE <i>9/14/53</i>		
38. NAME OF CEMETERY OR CREMATORY <i>Chester S.C.</i>			39. LOCATION (City, town, or county) (State) <i>S.C.</i>		
40. DATE RECEIVED BY LOCAL REGISTRAR			41. REGISTRAR'S SIGNATURE <i>Payner Sanders</i>		
42. FURNERAL DIRECTOR			43. ADDRESS <i>217 E. Preston St</i>		

1758

1758



FOR APPROVAL BY MED. EXAMINER
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8258
Registered No. 53 8258

1. NAME OF DECEASED (Type or Print) Nellie Gaines		2. DATE OF DEATH Sept. 11, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) UNIVERSITY HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 922 Warner St #30	
5. SEX F	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 12/15/1897
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years, last birthday) 55	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MARYLAND	
13. FATHER'S NAME Samuel Ruiggold		12. CITIZEN OF WHAT COUNTRY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		14. MOTHER'S MAIDEN NAME Sarah Brown	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	

18. 260X and E903.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) Renal Failure DUE TO		CERTIFICATION APPROVED BY Joseph A. Jackson M.D. CHIEF OR ASST. MEDICAL EXAMINER	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST,		(B) Fract. Femur DUE TO			
		(C) Multiple Bed Sores, infected			

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Diabetes
Arterio-sclerotic CVD.

19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Fract Femur		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 922 WARREN ST			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 3 23 '53		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Patient slipped PT Fell + fell to floor			
22. I hereby certify that I attended the deceased from Sept 1 , 19 53 , to Sept 11 , 19 53 , that I last saw the deceased alive on Sept 11 , 19 53 , and that death occurred at 11:40 P.m. , from the causes and on the date stated above.							
23A. SIGNATURE Joseph A. Rice				23B. ADDRESS University Hospital		23C. DATE SIGNED 9-11-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9/15/53		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn		24D. LOCATION (City, town, or county) (State) Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Charles A. Rice		25. FUNERAL DIRECTOR Charles A. Rice		ADDRESS 661 W. Bond St.	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 8259**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph H. Duvall

2. DATE
OF
DEATH **Sept. 7, 1953**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE **Maryland** B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION **Baltimore City Hospitals**
4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

160 N. Gay St.

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Dec. 9, 1879

9. AGE (in years
last birthday)

73

If Under 1 Year
Months Days

If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas Duvall

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. 4940 Eastern Ave. (records)

18. **581.0**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) **Right L over L obe Bronchopneumonia**

DUE TO

ANTECEDENT CAUSES

(B) **Early Pontal cirrhosis**

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMED

IF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ WORK NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **7-25**, 19 **53** to **9-7**, 19 **53**, that I last saw the
deceased alive on **9-7**, 19 **53**, and that death occurred at **5:20 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE

Dr. John A. ...

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

9-7-1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

9/14/53

24C. NAME OF CEMETERY OR CREMATORY

Greenwood

24D. LOCATION (City, town, or county)

German Hill Rd

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Dr. J. J. ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

100-33391
8-20-50

George W. Davis

Regiment

Headquarters, 1st Cavalry Division
1950-1951

1st Cavalry Division

1st Cavalry Division

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **53 8260**

BIRTH NO. **53 8260**

REG. IN 17.177.

1. NAME OF DECEASED (Type or Print) JOHN LAWRENCE		2. DATE OF DEATH 9-13-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland, 1027 Abbott Court		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY Harford	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1027 Abbott Court		C. CITY OR TOWN (If outside corporate limits, write rural and give township) 1027 Abbott Court	
D. STREET ADDRESS (If rural, give location) 1027 Abbott Court		E. CITY OR TOWN (If rural, give location) 1027 Abbott Court	
c. Length of stay in Baltimore Life			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Aug 5-1911
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary to Doctor		10B. KIND OF BUSINESS OR INDUSTRY COACH	
13. FATHER'S NAME Thomas J Cooley		14. MOTHER'S MAIDEN NAME Mary Pruitt	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs J H Lawan		ADDRESS 1617 Poplar	

18. 330X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) RUPTURED BERRY ANEURYSM, BASE OF BRAIN		
DUE TO		(B)		
DUE TO		(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an AUTOPSY thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE Joseph G. Jackson		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>		23C. DATE SIGNED 9-13-53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 9/16/53	24C. NAME OF CEMETERY OR CREMATORY Coolidge	24D. LOCATION (City, town, or county) (State) Frederick Rd	
DATE RECEIVED BY LOCAL REGISTRAR SEP 14 1953	REGISTRAR'S SIGNATURE J J Faley	25. FUNERAL DIRECTOR J J Faley & Sons		

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8261BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8261
Registered No.

IRTH NO.

NAME OF DECEASED
(Last name or Print)

Mary Woods Weathers Jones

2. DATE
OF
DEATH

Sept. 11, 1953

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF
HOSPITAL OR
INSTITUTION
(If not in hospital or institution, give street address or location)

634 W. Lafayette Ave.

4. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission)

A. STATE Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

634 W. Lafayette Ave.

Length of stay in Baltimore

SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 10, 1903

9. AGE (In years
last birthday)

50

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Charlestown W. Va.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

FATHER'S NAME

Frank K. Spencer

14. MOTHER'S MAIDEN NAME

Lucy Pendleton

WAS DECEASED EVER IN U.S. ARMED FORCES?
(If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Isaac Jones W. Laf. Ave. 634

18. 442X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

Cardio-Vascular - Renal

Disease - Hemiplegia

6 mos.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/7, 1953 to 9/11, 1953, that I last saw the
deceased alive on 9/10, 1953, and that death occurred at 9 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

TE RECEIVED BY
CAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 14 1953

Funerary Hall

Mrs. Kate R. Williams Schroeder St.

MINISTRE DE LA SANTE
CENTRE DE LA MORT

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8262BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8262
Registered No.

TH NO.

NAME OF DECEASED
(Type or Print)

WADE, ROY ALLEN

2. DATE
OF
DEATH

Sept. 12, 1953

PLACE OF DEATH:

Baltimore City, Maryland

Baltimore

FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

PROVIDENT HOSPITAL

Length of stay in Baltimore

30 Yrs.

SEX

(M)

6. COLOR OR RACE

NEGRO

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

WAITER

10b. KIND OF BUSINESS OR
INDUSTRY

FATHER'S NAME

ABRAHAM WADE

DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

June 4, 1892

9. AGE (In years
last birthday)

61

11 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.

11. BIRTHPLACE (State or foreign country)

Woodshole N.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

Delphia C. Camington

17. INFORMANT

MARY WADE

ADDRESS

312 N. Strickland St.

18. 002X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

FAR ADVANCE PULMONARY

Tuberculosis

INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 8, 1953, to Sept. 12, 1953, that I last saw the
deceased alive on 8:00 P.M. 9/11/53, and that death occurred at 8:20 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Carmelino B. Segura

M. D.

23B. ADDRESS

Provident Hospital

23C. DATE SIGNED

9/12/53

A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

9/17/1953

24C. NAME OF CEMETERY OR CREMATORY

St. Peter's Cem. Balto.

24D. LOCATION (City, town or county)

Md.

(State)

TE RECEIVED BY
CAL REGISTRAR

REGISTRAR'S SIGNATURE

M. R. Williams

25. FUNERAL DIRECTOR

M. R. Williams

ADDRESS

322 N. Schroeder St.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 8263

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)CHARLES L. MEYER2. DATE
OF
DEATH9-12-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONUniversity HospitalC. CITY OR TOWN (If outside corporate limits, write R.U.A., and give
township)Baltimore

D. STREET ADDRESS (If rural, give location)

4510 Northwood Drive

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)married

8. DATE OF BIRTH

Aug. 27, 19099. AGE (in years
last birthday)44If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Credit Manager, Millwork10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Charles L. Meyer

14. MOTHER'S MAIDEN NAME

Estella Sproul15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS driveMrs. Ada M. Meyer, 4510 Northwood18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Coronary Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an AUTOPSY thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Joseph A. Jachims23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒
M.D. MEDICAL INVESTIGATOR

23C. DATE SIGNED

9-13-5324A. BURIAL, CREMATION,
REMOVAL (Specify)

24B. DATE

Burial Sept 16, 1953

24C. NAME OF CEMETERY OR CREMATORY

Moreland Mem. Park

24D. LOCATION (City, town, or county) (State)

Baltimore, MarylandDATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road

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8264

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8264

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Harry L. Wherley

2. DATE
OF

DEATH September 13, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

5943 Falls Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5943 Falls Road

c. Length of stay in Baltimore 65 years

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Dec. 8, 1880

9. AGE (In years
last birthday)

72

10. Under 1 Year
Months Days 11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Operator

10B. KIND OF BUSINESS OR
INDUSTRY
Baltimore Transit

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?
U S A

13. FATHER'S NAME

Joshua B. Wherley

14. MOTHER'S MAIDEN NAME

Maggie G. Garver

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
No16. SOCIAL
SECURITY NO.
213-10-127117. INFORMANT ADDRESS
Miss Helen G. Wherley 5943 Falls Road

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

Sudden 1 day

?

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-7, 1953 to 9-13, 1953 that I last saw the
deceased alive on 9-13, 1953 and that death occurred at 3.10 p. m. from the causes and on the date stated above

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 16, 1953

24C. NAME OF CEMETERY OR CREMATORY

New Freedom

24D. LOCATION (City, town, or county) (State)

New Freedom, Pennsylvania

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 14 1953

Funeral Home

Bur 266 Funeral Home

3631 Falls Road

1938 52

1938 52

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CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 8265

BIRTH NO. 53 8265 52-14533

1. NAME OF DECEASED (Type or Print) TUCKER LOWE SNYDER			2. DATE OF DEATH September 13, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write U.S. L and give township) Baltimore		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 874 Lenmon Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH JUNE 25 1953	9. AGE (in years last birthday) 1	10. Under 1 Year Months: 2 Days: 20
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) BALTIMORE MD		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? U S		
13. FATHER'S NAME TUCKER L SNYDER			14. MOTHER'S MAIDEN NAME MARY L BURKHEAD		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
			17. INFORMANT ADDRESS MRS ERNEST BURKHEAD 219 SCOTT ST		

18. **491X**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) **Bronchopneumonia, bilateral**

DUE TO

ANTECEDENT CAUSES

(B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

MEDICAL CERTIFICATION

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Joseph A. Jachimowicz		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Sept. 14, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 9-16-53		24C. NAME OF CEMETERY OR CREMATORY MEDOWRIDGE MEM. PARK	
24D. LOCATION (City, town, or county) (State) WASHINGTON BLVD		24E. NAME OF CEMETERY OR CREMATORY WASHINGTON BLVD		24F. LOCATION (City, town, or county) (State) WASHINGTON BLVD	
24G. DATE RECEIVED BY LOCAL REGISTRAR		24H. REGISTRAR'S SIGNATURE 1530		24I. FUNERAL DIRECTOR Bernard C. Harle	
				24J. ADDRESS 1216 West St	

14533

2-450
8266BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8266

NAME OF DECEASED
(Please Print)

Callahan, William

2. DATE
OF
DEATH

September 13, 1953

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

SPITAL OR

ADDRESS

St. Joseph's

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

6384 Park Heights Ave.
Preston & Valley Street

Length of stay in Baltimore

life

Yrs.
Mos.
Days

SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)8. USUAL OCCUPATION (Give kind of
done during part of working life, even if retired)10a. KIND OF BUSINESS OR
INDUSTRY

FATHER'S NAME

WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 154X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Recurrent carcinoma of the recto-

920001

ANTECEDENT CAUSES

(B) sigmoid colon

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 3, 1953 to September 13, 1953 that I last saw the
deceased alive on Sept. 13, 1953. and that death occurred at 6:25 a.m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

TE RECEIVED BY
CAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Sept 15 1953

Cathedral

Baltimore

Sept. 13, 1953

Rita Weddefeld 900 E. Biddle

[Faint, mostly illegible text covering the majority of the page, likely bleed-through from the reverse side.]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-452

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8267

BIRTH NO.

1. NAME OF DECEASED (Type or Print) John F. Williams,			2. DATE OF DEATH Sept. 13, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3005 Chelsea Terrace			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 9- Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3005 Chelsea Terrace		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 22, 1900	9. AGE (In years last birthday) 52	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman			10B. KIND OF BUSINESS OR INDUSTRY Glass Ware		
13. FATHER'S NAME Herbert W. Williams			14. MOTHER'S MAIDEN NAME Gertrude Stackhouse		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. 236-03-0164		
17. INFORMANT Mrs. Nell S. Williams			ADDRESS 3005 Chelsea Terrace		
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pericardial occlusion DUE TO 1 hr.			CAUSE OF DEATH Pericardial occlusion		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-12 , 19 53 , to 9-13 , 19 53 , that I last saw the deceased alive on 9-12 , 19 53 and that death occurred at 130A m., from the causes and on the date stated above.					
23A. SIGNATURE Irvin		23B. ADDRESS 3003 Garrison Blvd		23C. DATE SIGNED 9-14-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9-16-1953		24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	
24D. LOCATION (City, town, or county) Woodlawn, Md.		24E. FUNERAL DIRECTOR G. Howard Strong		ADDRESS 3207 W. North Ave.,	

49063

Dr. IRVIN SAUBER

3003 GARRISON BND Li 2.

-623

3 8268

TH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8268

NAME OF DECEASED
(Last name or Print)

Grace Whalen Wright

2. DATE
OF
DEATH

Sept-13-1953

PLACE OF DEATH:

Baltimore City, Maryland 2501 Harlem Ave.

FULL NAME OF
HOSPITAL OR
RESIDENTIAL
INSTITUTION
(If not in hospital or institution, give street address or location)

at Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

Maryland

Baltimore

City

C. CITY OR TOWN (If outside corporate limits, write location and give township)

Baltimore City

16-05

D. STREET ADDRESS (If rural, give location)

2501 Harlem Avenue

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb-11-1877

9. AGE (In years
last birthday)

76

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10. USUAL OCCUPATION (Give kind of
occupation during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

FATHER'S NAME

John P. Whalen

14. MOTHER'S MAIDEN NAME

Isidore Anderson

WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

no

None

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Mrs. P. Fuller Wright (husband) 2501 Harlem Ave.

18. 332X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral thrombosis

DUE TO

ANTECEDENT CAUSES

(B)

Arteriosclerosis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT

WORK

NOT WHILE

AT WORK

22. I hereby certify that I attended the deceased from Feb 4, 1948 to Sept 13, 1953, that I last saw the
deceased alive on Sept 11, 1953, and that death occurred at 9:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Salina Ellen Howard

M. D.

12 E. Egan St. Balt

Sept. 14, 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Sept 16/53

London Park Cemetery

Baltimore, Maryland

25. RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington, 1511 S. E. St.

Stewart & Howen Co., 108 W. North Ave.

VS 150

City #1.

4-520

8269

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8269

TH NO.

NAME OF DECEASED
(Last name or Print)

FRANCIS M. HINES

2. DATE
OF
DEATH

9/13/53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

Balto. City Jail

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

(If outside corporate limits, write RURAL and give township)

C. CITY OR TOWN

Baltimore 18-02

D. STREET ADDRESS (If rural, give location)

1103 Franklin

Length of stay in Baltimore

EX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

march 11, 1909

9. AGE (In years last birthday)

44

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired)

laborer

10B. KIND OF BUSINESS OR INDUSTRY

Short Order Cook

11. BIRTHPLACE (State or foreign country)

Ohio

12. CITIZEN OF WHAT COUNTRY?

U.S.

FATHER'S NAME

James Hines

14. MOTHER'S MAIDEN NAME

Mary Miskell

WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

yes W. W. II

16. SOCIAL SECURITY NO.

17. INFORMANT

James Hines, Washington, D.C.

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary thrombosis

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) (Minute)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 9/12 1953 to 9/13, 1953 that I last saw the deceased alive on 9/13, 1953, and that death occurred at 3:50 A.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

25A. RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

7546M

THE NEW YORK PUBLIC LIBRARY
ASTOR LENOX TILDEN FOUNDATION
JAN 10 1900

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ASTOR LENOX TILDEN FOUNDATION
JAN 10 1900

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 8270

BIRTH NO.

1. NAME OF DECEASED (Type or Print) LOUISE M. TOFT			2. DATE OF DEATH Sept. 14, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Edgewood Nursing Home 6000 Bellona Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Towson		
c. Length of stay in Baltimore 3 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 906 Wellington Road 5355		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept. 25, 1876	9. AGE (In years last birthday) 76	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ENGLAND
13. FATHER'S NAME WILLIAM GORSE			14. MOTHER'S MAIDEN NAME MARY TAVIALL		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. Everett W. Williams-906 Wellington Rd			ADDRESS		

1B. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion (A) DUE TO			INTERVAL BETWEEN ONSET AND DEATH 5 days		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arterio-sclerosis (B) DUE TO			4 years		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July , 1951, to 14 Sept , 1953, that I last saw the deceased alive on 13 Sept , 1953, and that death occurred at 1 A. m. , from the causes and on the date stated above.					
23A. SIGNATURE Charles H. Reig		23B. ADDRESS 6701 York Road		23C. DATE SIGNED 14 Sept 53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sept. 17, 1953		24C. NAME OF CEMETERY OR CREMATORY Scotia, N. Y.	
DATE RECEIVED BY LOCAL REGISTRAR SEP 14 1953		REGISTRAR'S SIGNATURE John O. Mitchell		25. FUNERAL DIRECTOR John O. Mitchell & Sons, Inc.	
				ADDRESS -1900 Eutaw Pl.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

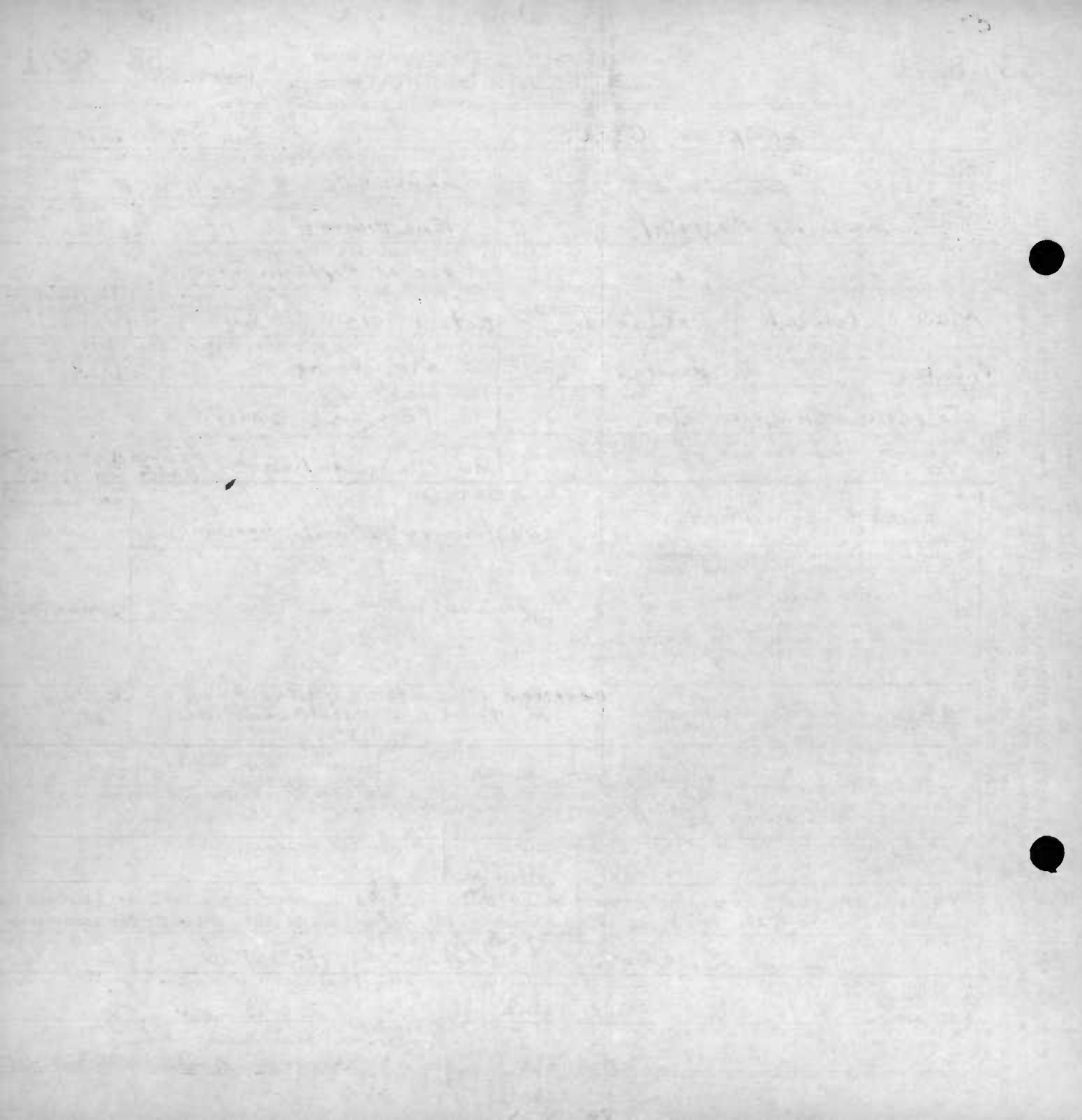
53-512
8271

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8271

BIRTH NO.			
1. NAME OF DECEASED (Type or Print) SAMPSON, Oscar			2. DATE OF DEATH Sept. 12, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 16-04	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 820 N. Appleton St.	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 31, 1913
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10B. KIND OF BUSINESS OR INDUSTRY Housing	9. AGE (In years last birthday) 39
13. FATHER'S NAME Henry Sampson Jr.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		14. MOTHER'S MAIDEN NAME Pauline Smith	
16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Oscar Sampson	
18. 542X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Gastro intestinal hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 3 weeks	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Jejunum ulcer		DUE TO 8 months (?)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Revision of subtotal gastrectomy on 9-2-53 + reexploration on 9-11-53		10 days 1 day	
19A. DATE OF OPERATION 9-2-53	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Bleeding peptic ulcer	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept. 1 , 1953, to Sept 12 , 1953 that I last saw the deceased alive on Sept 12 , 1953, and that death occurred at 11:20 P.m. , from the causes and on the date stated above			
23A. SIGNATURE James L. Bad		23B. ADDRESS University Hospital	23C. DATE SIGNED Sept. 12, 1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 9/16/53	24C. NAME OF CEMETERY OR CREMATORY Mt Auburn	24D. LOCATION (City, town, or county) (State) Baltimore Md.
DATE RECEIVED BY LOCAL REGISTRAR SEP 14 1953	REGISTRAR'S SIGNATURE Huntington	25. FUNERAL DIRECTOR 1631 Davis Hill Ave.	

56424



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8272
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print) **John Temple Christian**2. DATE OF DEATH **Sept. 13, 1953**3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE _____ B. COUNTY _____

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

335 W. Biddle StreetC. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)
BaltimoreD. STREET ADDRESS (If rural, give location)
335 W. Biddle Streetc. Length of stay in Baltimore
Yrs. _____ Mos. _____ Days _____5. SEX
Male6. COLOR OR RACE
Colored7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married8. DATE OF BIRTH
June 17, 19039. AGE (In years last birthday) **50**
If Under 1 Year: Months _____ Days _____
If Under 24 Hours: Hours _____ Min. _____10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Potato Chip Mfr.10B. KIND OF BUSINESS OR INDUSTRY
Self Employed11. BIRTHPLACE (State or foreign country)
Richmond Virginia12. CITIZEN OF WHAT COUNTRY?
U.S.A.13. FATHER'S NAME
Temple Christian14. MOTHER'S MAIDEN NAME
Margaret Ellis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. _____

17. INFORMANT ADDRESS
Mrs. Sarah B. Christian-335 W. Biddle St.18. **420.1**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)
Acute Coronary Occlusion

DUE TO

INTERVAL BETWEEN ONSET AND DEATH
20 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
Myocarditis

DUE TO

10 hours

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0**

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Nov 11**, 19**52** to **Sept 13, 1953**, that I last saw the deceased alive **Aug 10, 1953**, and that death occurred at **11 A. m.**, from the causes and on the date stated above.23A. SIGNATURE
W. H. - Watts23B. ADDRESS
5151 Kensington23C. DATE SIGNED
9/14/5324A. BURIAL, CREMATION, REMOVAL (Specify)
Burial24B. DATE
9/17/5324C. NAME OF CEMETERY OR CREMATORY
NE. Auburn Cemetery Baltimore Maryland

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

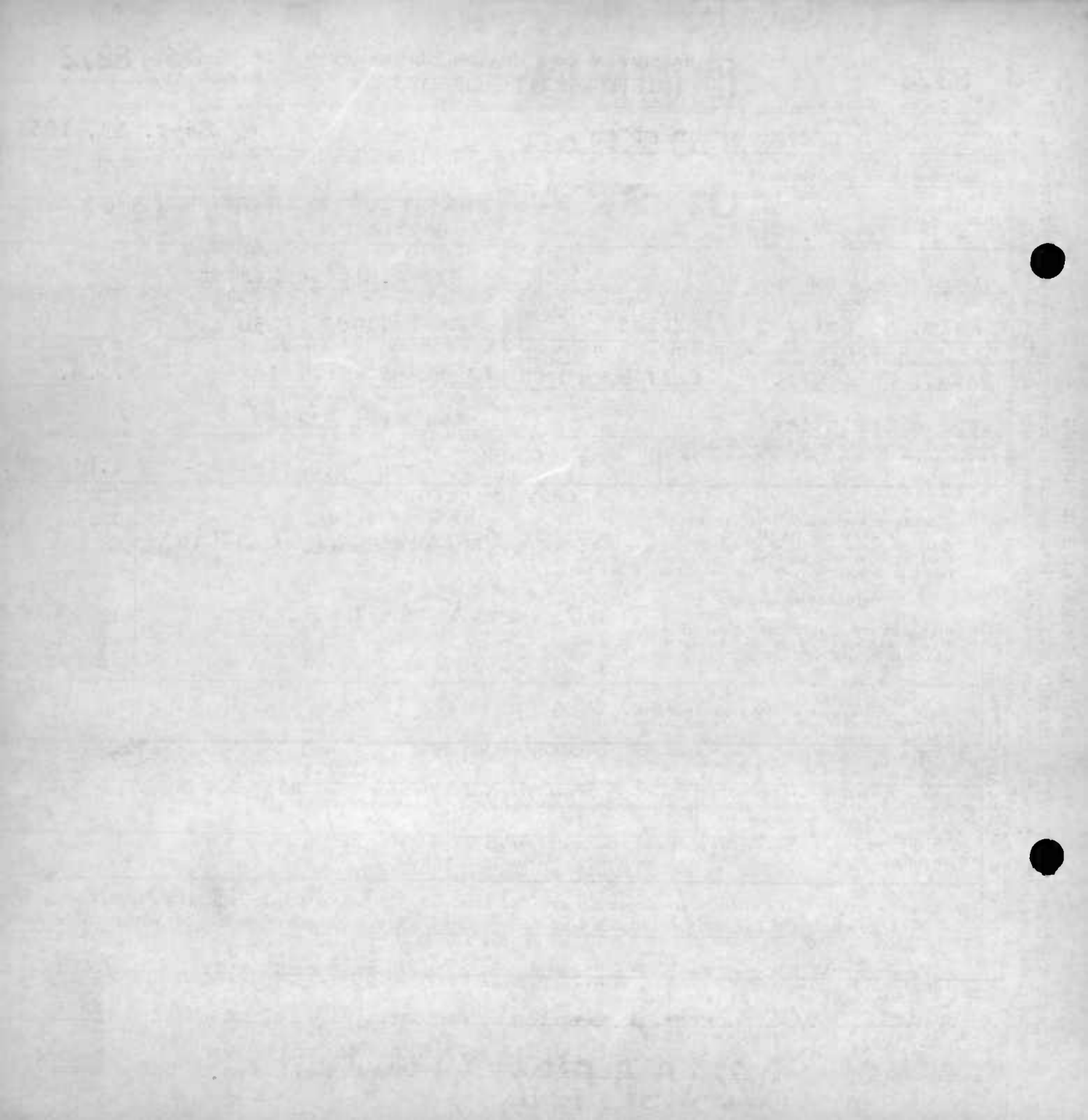
**Holland Funeral Home
1631 Druid Hill Ave.**

VS 150

29047

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



-162

X

8273

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8273

1. NAME OF DECEASED (Last, first, middle name or Print) <u>William ALFRED SPARKS</u>		2. DATE OF DEATH <u>SEPT. 14, 1953</u>	
3. PLACE OF DEATH: a. Baltimore City, Maryland <u>YES</u> b. FULL NAME OF (If not in hospital or institution, give street address or location) <u>UNION MEMORIAL HOSPITAL</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>EASTPORT</u> d. STREET ADDRESS (If rural, give location) <u>1193 TYLER AVE. 5200</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MARYLAND</u> b. COUNTY <u>Anne Arundel</u>	
5. Length of stay in Baltimore <u>—</u> Yrs. <u>—</u> Mos. <u>—</u> Days <u>—</u>		8. DATE OF BIRTH <u>AUG. 23, 1897</u>	
6. COLOR OR RACE <u>M</u> <u>W</u>		9. AGE (in years last birthday) <u>56</u>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		10. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>	
11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>William SPARKS</u>		14. MOTHER'S MAIDEN NAME <u>KATHERINE GARDNER</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT (WIFE) <u>MRS. RUTH SPARKS</u>		18. ADDRESS <u>SAME</u>	
19. CAUSE OF DEATH a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>(A) BRONCHOGENIC CARCINOMA, LEFT LUNG</u> <u>DUE TO WITH METASTASES TO LIVER</u> b. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>(B) —</u> <u>(C) —</u> c. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>—</u>			
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION <u>—</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. DATE OF OPERATION <u>0</u>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>—</u>		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>—</u>	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR? <u>—</u>	
22. I hereby certify that I attended the deceased from <u>SEPT 13</u> , 19 <u>53</u> , to <u>SEPT 14</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>SEPT 14</u> , 19 <u>53</u> , and that death occurred at <u>4:58</u> pm., from the causes and on the date stated above.			
23A. SIGNATURE <u>Barry J. Plunkett, Jr. M. D.</u>		23B. ADDRESS <u>UNION MEMORIAL HOSPITAL</u>	
23C. DATE SIGNED <u>SEPT 14, 1953</u>		23D. LOCATION (City, town, or county) (State) <u>St. Ann's Md.</u>	
24A. DATE <u>SEP 17-53</u>		24B. NAME OF CEMETERY OR CREMATORY <u>Not at home</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>Not at home</u>		24D. LOCATION (City, town, or county) (State) <u>St. Ann's Md.</u>	
25. FUNERAL DIRECTOR <u>Huntington W. Brown</u>		25. ADDRESS <u>1193 Tyler Ave. Eastport</u>	

763 911

Phonapholic Md

200

3 8274

TH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8274
Registered No.NAME OF DECEASED
(Last, first, middle, or Print)

Mr WILLIAM B. ROSS

2. DATE
OF
DEATH

9/13/53

PLACE OF DEATH:

Baltimore City, Maryland

Baltimore

FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTY BaltimoreC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 28-04D. STREET ADDRESS (If rural, give location)
300 Edendale Rd. Balto. #29. Md

Length of stay in Baltimore

SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

Yrs.
Mo.
Days

8. DATE OF BIRTH

Jan. 26, 1894

9. AGE (in years
last birthday)

59

10. Under 1 Year
Months Days Hours Min.USUAL OCCUPATION (Give kind of
one during most of working life, even if retired)

Manager

10B. KIND OF BUSINESS OR
INDUSTRY

Thompson Restaurant

11. BIRTHPLACE (State or foreign country)

England

12. CITIZEN OF
WHAT COUNTRY?

FATHER'S NAME

James Ross

14. MOTHER'S MAIDEN NAME

Jean

WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
300 Edendale Rd Balto. #29. Md.

B. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(A) Cerebral Vascular Accident
DUE TO Hypertensive Arteriosclerotic
(B) C.V. Disease
DUE TO
(C) A.C.V.D.Unknown
Unknown

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

9A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORKI hereby certify that I attended the deceased from 9/12/1953 to 9/13/1953, that I last saw the
deceased alive on 9/13/1953, and that death occurred at 0.20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

T. Atayubas
M.D. 23B. ADDRESS
New Year Ave & Dep. 9-1533
23C. DATE SIGNED

24B. DATE

Sept./16/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Crematory

24D. LOCATION (City, town or county)

Balto. Md.

(State)

RECEIVED BY
AL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

4101 Edmondson Ave.

2906M

251
3 8275

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8275
Registered No.

NAME OF DECEASED (Suzanne) Susie F. Lowekamp		2. DATE OF DEATH Sept. 13/53	
PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) A. STATE Maryland B. COUNTY	
FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Gen. German Aged Peoples Home 22 S. Athol Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 28-04	
Length of stay in Baltimore 60 Yrs Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 22 S. Athol Ave	
5. SEX F.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 28, 1871
9. USUAL OCCUPATION (Give kind of one during most of working life, even if retired) H.W.		10. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE (In years last birthday) 82 If Under 1 Year Months Days Hours Min.
11. BIRTHPLACE (State or foreign country) New York		12. CITIZEN OF WHAT COUNTRY?	
FATHER'S NAME Andrew A. French		14. MOTHER'S MAIDEN NAME Martha Siebell	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Sister Fredrica, 22 S. Athol Ave.		ADDRESS	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardio-Respiratory Failure DUE TO Coronary Thrombosis DUE TO Arteriosclerosis, generalized severe		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF DEATH		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June , 1951, to 13 Sept , 1953 that I last saw the deceased alive on 13 Sept , 1953, and that death occurred at 5:04 P.m. , from the causes and on the date stated above.			
23A. SIGNATURE William J. Keenan		23B. ADDRESS 4605 Edmondson Ave	
23C. DATE SIGNED 14 Sept 53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sept. 16/53	
24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer		24D. LOCATION (City, town, or county) (State) Balto. Md.	
25. FUNERAL DIRECTOR Huntington Williams		ADDRESS 4101 Edmondson Ave	

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

1. NAME

2. BIRTH DATE		3. BIRTH PLACE		4. SEX	
5. RACE		6. RELIGION		7. OCCUPATION	
8. EDUCATION		9. MARITAL STATUS		10. SOCIAL SECURITY NUMBER	
11. CURRENT ADDRESS		12. PREVIOUS ADDRESSES		13. EMPLOYMENT HISTORY	
14. CRIMINAL RECORD		15. FINANCIAL RECORD		16. OTHER INFORMATION	

STATE OF DEATH

17. DATE OF DEATH		18. PLACE OF DEATH		19. CAUSE OF DEATH	
20. MANNER OF DEATH		21. MEDICAL HISTORY		22. TOXICOLOGY REPORT	
23. AUTOPSY REPORT		24. FORENSIC REPORT		25. OTHER REPORTS	
26. INVESTIGATOR'S COMMENTS		27. WITNESS STATEMENTS		28. ADDITIONAL COMMENTS	
29. SIGNATURE OF AGENT		30. SIGNATURE OF WITNESS		31. SIGNATURE OF DEATH CERTIFICATE	
32. DATE OF SIGNATURE		33. DATE OF SIGNATURE		34. DATE OF SIGNATURE	

2) H-615

53 8276

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 8276

Registered No. _____

NAME OF DECEASED (Type or Print) **John L. Hrivnak** 2. DATE OF DEATH **Sept. 12, 1953**

PLACE OF DEATH: **Baltimore City, Maryland**
FULL NAME OF (If not in hospital or institution, give street address or location) **4217 Flowerton Rd.**
CITY OR TOWN (If outside corporate limits, write RURAL and give township) **Baltimore 28-04**
STREET ADDRESS (If rural, give location) **4217 Flowerton Rd.**

Length of stay in Baltimore **8 Yrs**
SEX **Male** 6. COLOR OR RACE **White** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Married**
8. DATE OF BIRTH **Feb. 16, 1891** 9. AGE (In years last birthday) **62** 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10. USUAL OCCUPATION (Give kind of one during most of working life, even if retired) **Salesman. Gold Seal Aluminum Window.** 11. BIRTHPLACE (State or foreign country) **New Jersey** 12. CITIZEN OF WHAT COUNTRY?
FATHER'S NAME **Hrivnak** 14. MOTHER'S MAIDEN NAME **Unknown**

13. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **146-03-6297** 17. INFORMANT ADDRESS **Lawrence F. Hrivnak, 4217 Flowerton**

18. **157X** I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH **Cancer of pancreas with penile metastasis** INTERVAL BETWEEN ONSET AND DEATH **3.4 mos.?**
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0** 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT ☐ WORK AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1-30-53**, 19**53**, to **9-12-53**, that I last saw the deceased alive on **9-12-53**, 19**53**, and that death occurred at **m.**, from the causes and on the date stated above.

23A. SIGNATURE **Harry S. Simpson** 23B. ADDRESS **2703 Edmondson** 23C. DATE SIGNED **9-14-53**
24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **Sept. 15/53** 24C. NAME OF CEMETERY OR CREMATORY **New Cathedral** 24D. LOCATION (City, town, or county) (State) **Balto. Md.**

25. FUNERAL DIRECTOR ADDRESS **101 Edmondson Ave.**

VS 150 4903D

8258

UNITED STATES DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

WASHINGTON, D. C. 20530

INVESTIGATION OF DEATH

REPORT OF THE INVESTIGATOR

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

TIME OF DEATH

PLACE OF BURIAL

DATE OF BURIAL

NAME OF BURIAL PLACE

NAME OF FUNERAL HOME

NAME OF MINISTER

NAME OF CHURCH

NAME OF CEMETERY

NAME OF INTERVIEWEE

DATE OF INTERVIEW

PLACE OF INTERVIEW

NAME OF INTERVIEWEE

DATE OF INTERVIEW

PLACE OF INTERVIEW

NAME OF INTERVIEWEE

DATE OF INTERVIEW

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NAME OF INTERVIEWEE

DATE OF INTERVIEW

PLACE OF INTERVIEW

NAME OF INTERVIEWEE

DATE OF INTERVIEW

PLACE OF INTERVIEW

1-630

53 8277
PH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8277
Registered No.NAME OF DECEASED
(Last name and first name or Print)

Mrs. Edna E. Ward

2. DATE
OF
DEATH

9/14/53

PLACE OF DEATH:

Baltimore City, Maryland Baltimore

FULL NAME OF (If not in hospital or institution, give street address or location)

Lutheran Hospital

Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widow

USUAL OCCUPATION (Give kind of
one during most of working life, even if retired)

H.W.

10B. KIND OF BUSINESS OR
INDUSTRY

OWN HOME

FATHER'S NAME

MERCER

WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

9/1/90

9. AGE (in years
last birthday)

63

11 Under 1 Year
Months; Days11 Under 24 Hours
Hours; Min.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

UNKNOWN

17. INFORMANT

ADDRESS

MR GORDON WARD, 2662 LEHMAN ST.

B. 156.2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Metastasis of liver

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

9A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 8/21, 1953, to 9/14, 1953, that I last saw the
deceased alive on 9/14, 1953, and that death occurred at 10 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Heinrich Bauer

23B. ADDRESS

Lutheran Hospital

23C. DATE SIGNED

9/14/53

24. BURIAL, CREMA-
TION (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

RECEIVED BY
AL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

Huntington W. B. ...

4101 EDMONDSON AVE.

COMPTON
NAVIER

23

3 8278

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8278

NAME OF DECEASED
(Last, first, middle, or Print)

MR. RAPHAEL FIRESTEIN

2. DATE
OF
DEATH

Sept 14 '53

PLACE OF DEATH:

Baltimore City, Maryland Balt. Md.

FULL NAME OF (If not in hospital or institution, give street address or location)

Lutheran Hospital of Maryland

Length of stay in Baltimore

40

Yrs.
Mons.
Days

SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

USUAL OCCUPATION (Give kind of
one during most of working life, even if retired)

Unemployed

10b. KIND OF BUSINESS OR
INDUSTRY

Tailor

FATHER'S NAME

Morris

WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

No or unknown

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Ave

Abraham Firestein - son. 2014 Brookland

8. 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(A) Cerebral Vascular Accident
DUE TO E hemiplegia. Rt.
(B) Diabetes Mellitus
DUE TO
(C)40+ days
10 yrsOTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

9A. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Aug 4, 1953, to Sept 14, 1953 that I last saw the
deceased alive on Sept 14, 1953, and that death occurred at 9:05 a.m., from the causes and on the date stated above.

23A. SIGNATURE

J. Parake

M. D.

23B. ADDRESS

Lutheran Hospital

23C. DATE SIGNED

Sept 14 '53

23D. BURIAL, CREMA-
TION (Specify)

24B. DATE

9-15-53

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county)

Balto, Md

25. RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

5/10/53

25. FUNERAL DIRECTOR

Jack Lewis Inc 2100 Canton Rd

ADDRESS

5906E

VS 150

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8279
Registered No.53 8279
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

Louis P. Davenport

2. DATE
OF
DEATH

Sept 13-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1014 Edw. ave

4. USUAL RESIDENCE (Where deceased lived. Institution: residence
A. STATE B. COUNTY before admission)

Md

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto

16-01

D. STREET ADDRESS (If rural, give location)

1014 Edmondson ave

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Sept 11, 1900

9. AGE (In years
last birthday)

53 yrs

10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Funeral Director

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Lewis H. Davenport

14. MOTHER'S MAIDEN NAME

Lillie Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Katherine Davenport 1014 Edmondson

18. 157X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

CARCINOMATOSIS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

CARCINOMA - PANCREAS 1 1/2

(C)

YRS

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 7, 1952 to Sept 13, 1953, that I last saw the
deceased alive on 9-11, 1953 and that death occurred at 1 p. m., from the causes and on the date stated above.

23A. SIGNATURE

1500 EAST MADISON ST.
BALTIMORE, M.D.

23C. DATE SIGNED

9-14

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 15 1953

Huntington Hill, Md.

James A. Hayes

6384 1/2 Federal

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

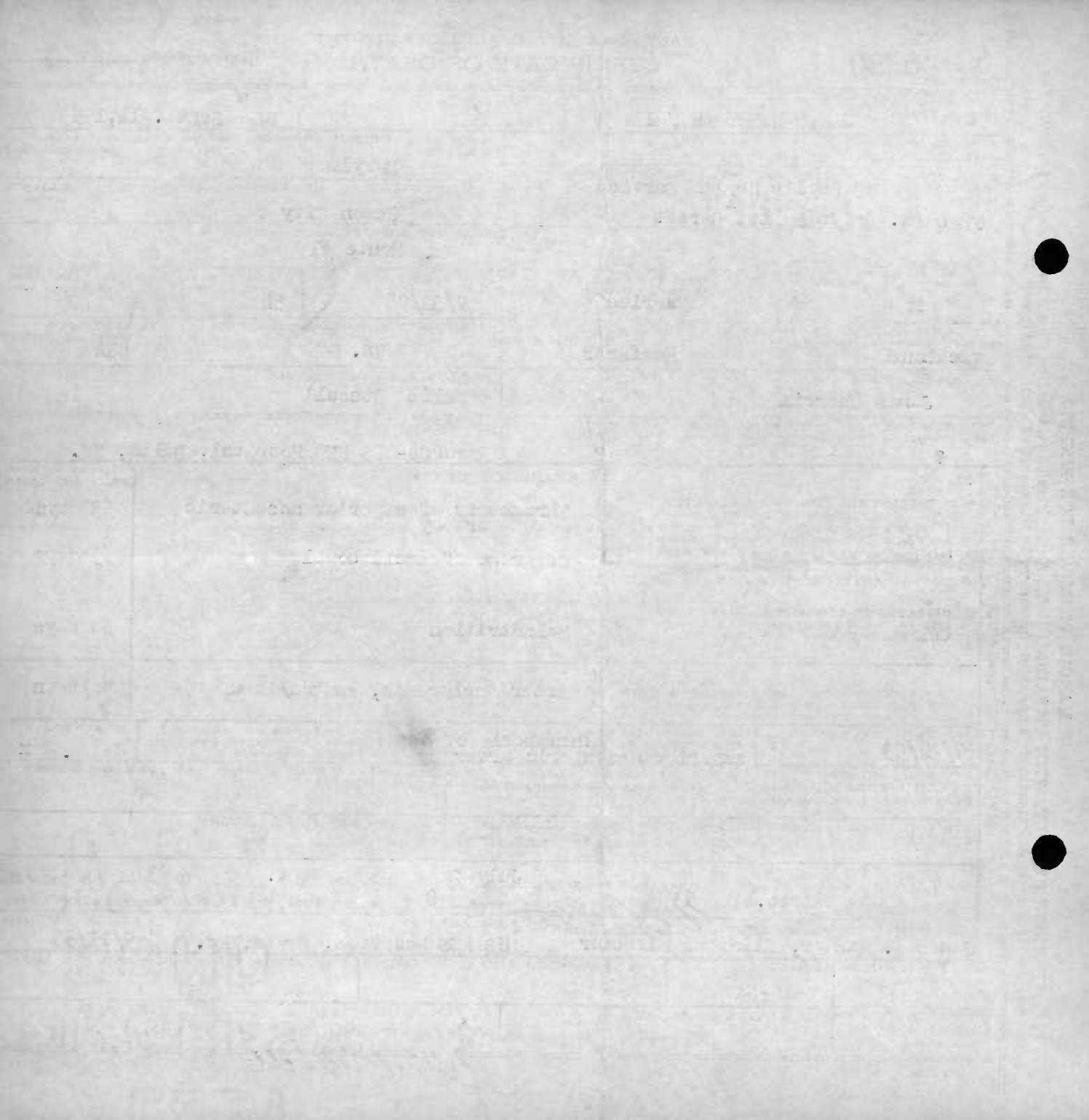
Registered No. 53 8280

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JAMES HENRY CHERRIX		2. DATE OF DEATH Sept. 11, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Worcester	
B. FULL NAME OF HOSPITAL OR INSTITUTION US Public Health Service Hospital Wyman Pk. Drive & 31st Street		C. CITY OR TOWN Ocean City	
D. STREET ADDRESS (If rural, give location) Route #1		E. LENGTH OF STAY IN BALTIMORE 2* Mos. Days	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9/30/98
9. AGE (In years last birthday) 54		10. UNDER 1 Year Months: Days 54	
11. UNDER 24 Hours Hours: Min. 54		12. CITIZEN OF WHAT COUNTRY? USA	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) peckhand		10B. KIND OF BUSINESS OR INDUSTRY Seafarer	
13. FATHER'S NAME James Cherrix		14. MOTHER'S MAIDEN NAME Alice Russell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) WW I & WW II		16. SOCIAL SECURITY NO. ?	
17. INFORMANT Records- US PHS Hospital, Balto, Md.		ADDRESS	
18. 570.2 CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		Thrombosis of superior mesenteric artery 53 days	
DUE TO Gangrene of small bowel		53 days	
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO Malnutrition 53 days	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Arteriosclerosis, generalized Unknown	
19A. DATE OF OPERATION 7/24/53	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Thrombosis of superior mesenteric artery	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 2, 1953 , to Sept. 11, 1953 , that I last saw the deceased alive on Sept. 11, 1953 , and that death occurred at 8 A. m. , from the causes and on the date stated above.			
23A. SIGNATURE James A. Hunter		23B. ADDRESS US PHS Hospital, Balto, Md.	
23C. DATE SIGNED 9/11/53			
24A. BURIAL CREMATION, REMOVAL (Specify) burial	24B. DATE 9-15-53	24C. NAME OF CEMETERY OR CREMATORY Downing	
24D. LOCATION (City, town, or county) (State) Oak Hall, Md.			
25. FUNERAL DIRECTOR Burbage Funeral Home		ADDRESS Berlin, Md.	
DATE RECEIVED BY LOCAL REGISTRAR SEP 15 1953		REGISTRAR'S SIGNATURE M. B. Mitchell	

VS 150

673 55



JR-120

53 8281

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8281

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Mr. James H. Revis

2. DATE
OF
DEATH Sept 13, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

4524 Weitzel Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

27-02

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

4524 Weitzel Avenue

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Nov 12, 1878

9. AGE (In years,
last birthday)

74

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Contractor

10B. KIND OF BUSINESS OR
INDUSTRY

Self employed

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Revis

14. MOTHER'S MAIDEN NAME

Daisy ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Della Revis, 4524 Weitzel Ave.

18. 420.0
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(A) 1. Bronchopneumonia - 1 wk
2. Severe shock + circulatory collapse
(B) 2. HVD
(C) 3. Interminable heart disease - 75 yrs
gradually failing circulatory system

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1952 to Sept 13, 1953 that I last saw the
deceased alive on Sept 13, 1953 and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

9-15-53

Mt. Olivet Cem.

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 15 1953

Huntington

Leonard J. Ruck 5305 Harford Road.

29024

MARGIN RESERVED FOR BINDING

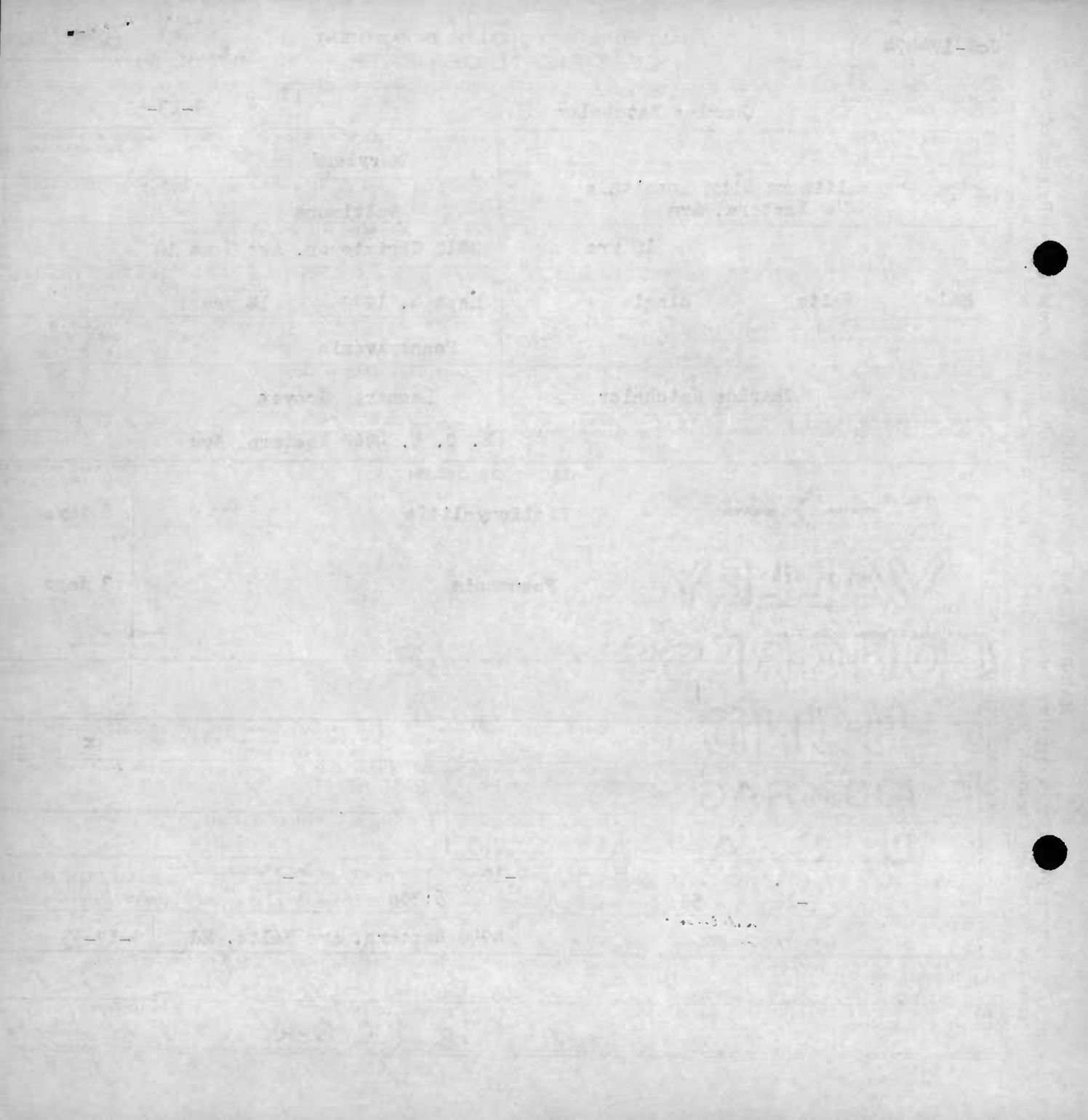
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 8282		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 8282 Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Raymond H. Schwarz		9/14/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 2920 Berwick Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-07			
c. Length of stay in Baltimore 68 yrs		D. STREET ADDRESS (If rural, give location) 2920 Berwick Ave			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1885	9. AGE (In years, last birthday) 68	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker		10B. KIND OF BUSINESS OR INDUSTRY Rice's Bakery		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Raymond Schwarz			
14. MOTHER'S MAIDEN NAME Christianna Kline		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (Yes, no or unknown)			
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS 2920 Mrs. Louise Schwarz - Berwick			
18. 223X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Cerebral angioma ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO Generalized arteriosclerosis OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH 3/13/53 ?			
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from August 30, 1952, to Sept 14, 1953, that I last saw the deceased alive on Sept 14, 1953, and that death occurred at 3:15 P.M., from the causes and on the date stated above.		23A. SIGNATURE J. J. [Signature]	
23B. ADDRESS 6217 Harford Rd		23C. DATE SIGNED 9/14/53		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE Sept. 17-1953		24C. NAME OF CEMETERY OR CREMATORY Moreland Park		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
24E. DATE RECEIVED BY LOCAL REGISTRAR		24F. REGISTRAR'S SIGNATURE Huntington Williams		24G. ADDRESS 5305 Harford Rd	
24H. VS 150		24I. 500 44			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT				53 8283	
CERTIFICATE OF DEATH					
BIRTH NO. 53 8283				Registered No. 53 8283	
1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
Jerome Charles Batchelor JR			9-13-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern, Ave			A. STATE Maryland		
C. Length of stay in Baltimore 10 yrs			C. CITY OR TOWN Baltimore		
D. STREET ADDRESS (If rural, give location) 3010 Christoper, Ave Zone 14			D. STREET ADDRESS (If rural, give location) 3010 Christoper, Ave Zone 14		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept 4, 1939	9. AGE (In years last birthday) 14 yrs	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student			11. BIRTHPLACE (State or foreign country) Pennsylvania		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Jerome Charles Batchelor SR			14. MOTHER'S MAIDEN NAME Leonara Groves		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			17. INFORMANT B. C. H. 4940 Eastern, Ave		
18. 080.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Poliomyelitis (paralytic)			INTERVAL BETWEEN ONSET AND DEATH 8 days		
18. 080.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pneumonia			INTERVAL BETWEEN ONSET AND DEATH 3 days		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-10, 1953 to 9-13, 1953, that I last saw the deceased alive on 9-13, 1953, and that death occurred at 5:30 a. m., from the causes and on the date stated above.					
23A. SIGNATURE H. J. L. L. L.		23B. ADDRESS 4940 Eastern, Ave Balto. Md		23C. DATE SIGNED 9-13-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sept 16-1953		24C. NAME OF CEMETERY OR CREMATORY St. John's Am Long Green Md	
24D. LOCATION (City, town, or county) (State) Baltimore Md		24E. NAME OF CEMETERY OR CREMATORY St. John's Am Long Green Md		24F. LOCATION (City, town, or county) (State) Baltimore Md	
DATE RECEIVED BY LOCAL REGISTRAR SEPT 15 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Leonard Kuck	
VS 150		ADDRESS 5305 Bayford Rd			



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-163

53 8284
BIRTH NO

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 8284
Registered No. _____

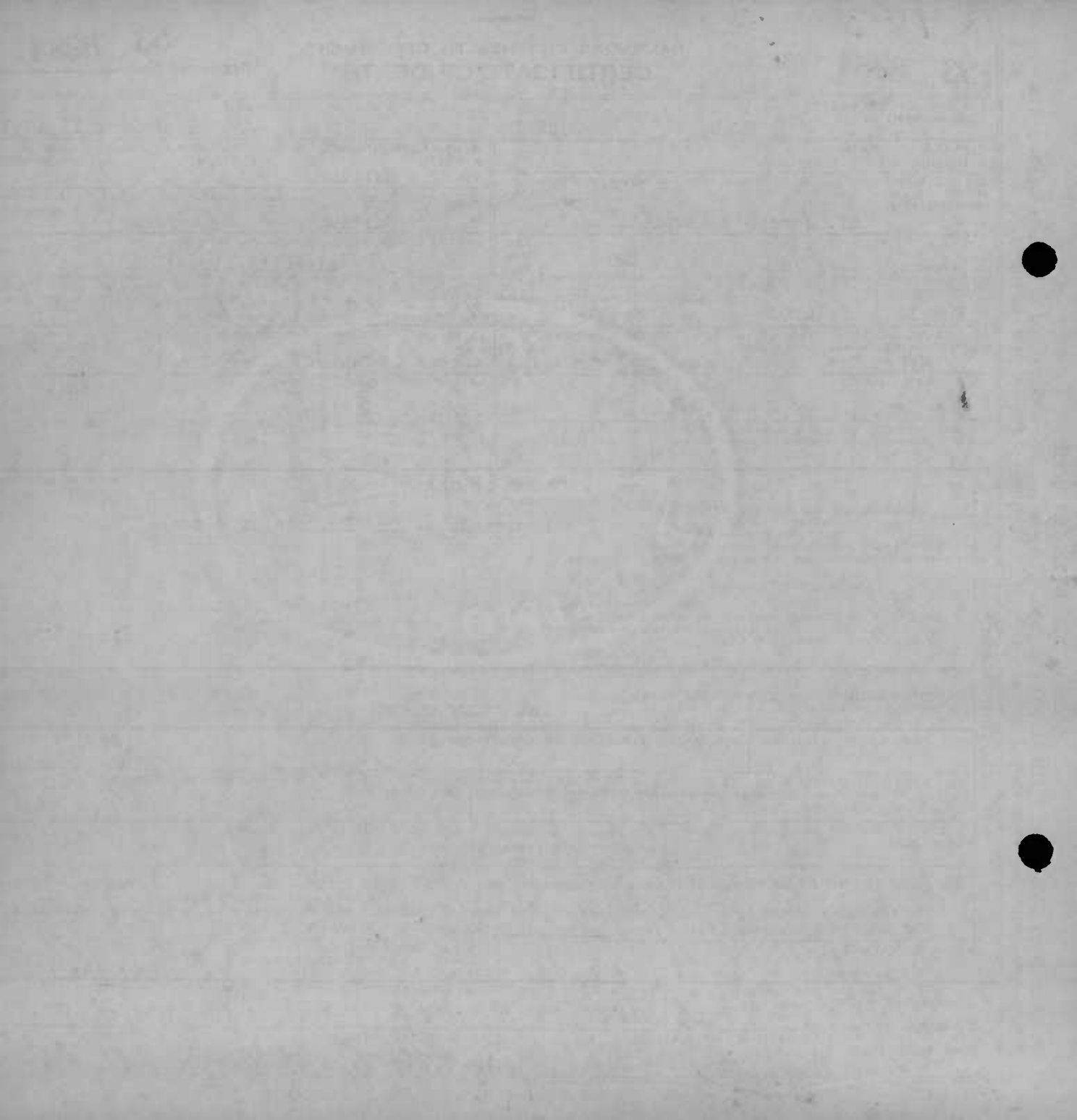
1. NAME OF DECEASED (Type or Print)		CLARA		ROBERT		2. DATE OF DEATH		September 13, 1953	
3. PLACE OF DEATH: a. Baltimore City, Maryland					4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY				
b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's Hospital					c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 10-01				
c. Length of stay in Baltimore Life Yrs. Mos. Days					d. STREET ADDRESS (If rural, give location) 1005 Aisquith Street				
5. SEX Female		6. COLOR OR RACE Colored		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 4-1-1907		9. AGE (In years last birthday) 46	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK		10b. KIND OF BUSINESS OR INDUSTRY SOCIAL SECURITY		11. BIRTHPLACE (State or foreign country) BALTIMORE, Md		12. CITIZEN OF WHAT COUNTRY			
13. FATHER'S NAME Joseph WALKER					14. MOTHER'S MAIDEN NAME DORA SMITH				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT		ADDRESS			

18. 443X	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
	(A) DUE TO	Hypertensive cardiovascular disease	
	(B) DUE TO		
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Pulmonary edema	

MEDICAL CERTIFICATE	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
	22. I certify that I took charge of the remains described above, held an <u>Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>Joseph A. Jackson</i>		M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Sept. 14, 1953
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24B. DATE <u>9-17-58</u>	24C. NAME OF CEMETERY OR CREMATORY <u>ARBUTUS MEM. PK</u>		24D. LOCATION (City, town, or county) (State) <u>ARBUTUS, MD</u>		
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR		ADDRESS	

VS 151

39091



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F.635

53 8285

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8285
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Friedman

2. DATE
OF
DEATH

Sept. 14 / 53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION

Lutheran Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore 15-37

D. STREET ADDRESS (If rural, give location)

3024 Mondawmin Ave

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept 25, 1900

9. AGE (in years last birthday)

52

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Agent-Salesman Insurance

10B. KIND OF BUSINESS OR INDUSTRY

Insurance

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Moses Aaron Friedman

14. MOTHER'S MAIDEN NAME

Fannie Batsch

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Kathleen Friedman - 3024 Mondawmin Ave

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Coronary thrombosis

INTERVAL BETWEEN ONSET AND DEATH

3 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

recurrent previous Coronary Infarcts began Oct. 1948

(C)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 2, 1953, to Sept 14, 1953, that I last saw the deceased alive on Sept 14, 1953, and that death occurred at 3 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Harry Lachman

M. D.

23B. ADDRESS

2322 Calver Rd

23C. DATE SIGNED

Sept 14, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9/15/53

24C. NAME OF CEMETERY OR CREMATORY

Moses Montefiore

24D. LOCATION (City, Baltimore County)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston

25. FUNERAL DIRECTOR

Pol 2 Herndon

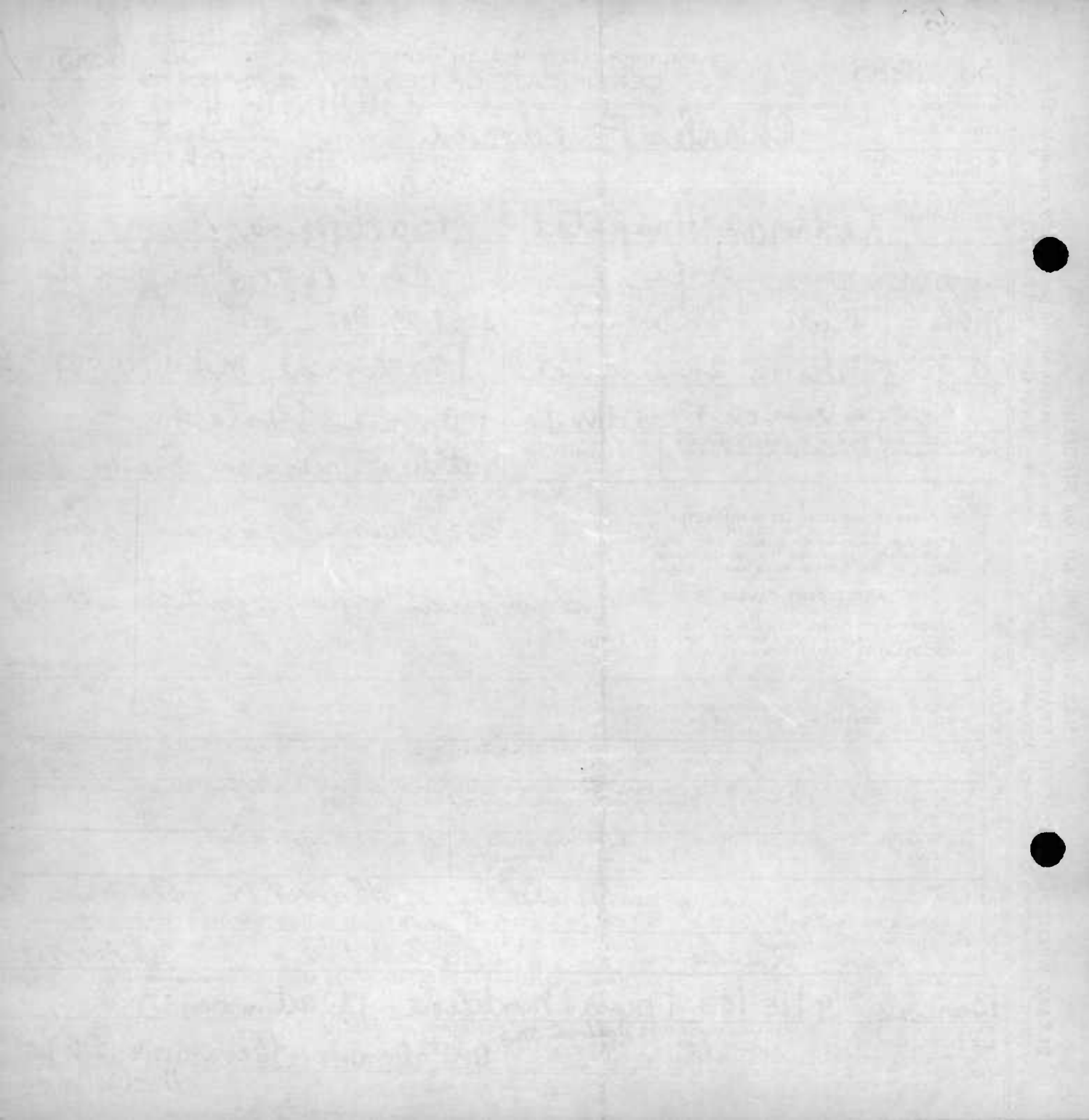
ADDRESS

Beos - 1124-26 W.

VS 150

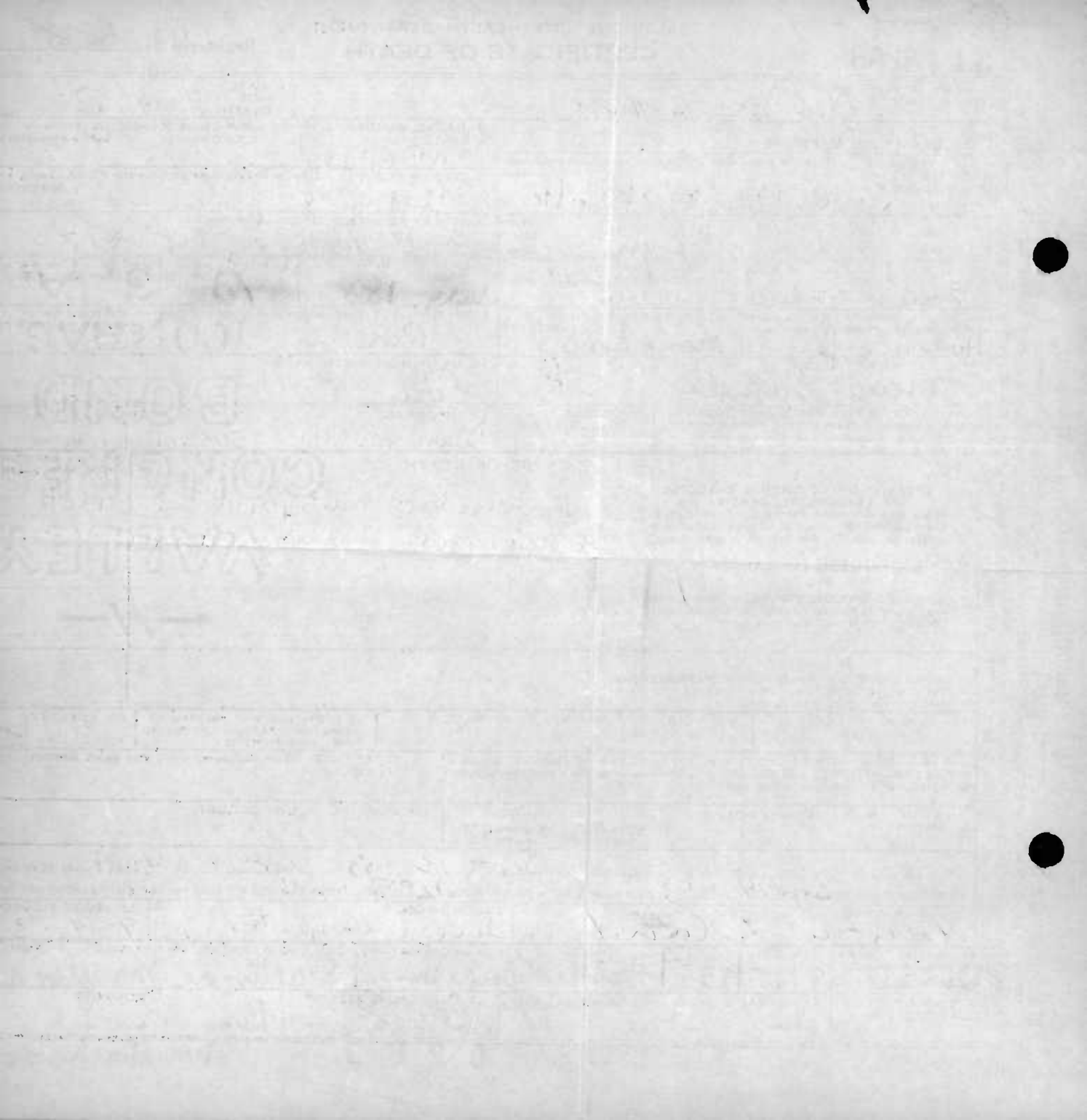
45073

North One



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 8286**

BIRTH NO. 53 8286		1. NAME OF DECEASED (Type or Print) Rachliss, Esther		2. DATE OF DEATH 9-14-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-20	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Sinai Hospital of Balto.		D. STREET ADDRESS (If rural, give location) 3315 Pinkney Rd #15		E. AGE (In years last birthday) 70 F. Under 1 Year Months Days G. Under 24 Hours Hours Min.	
c. Length of stay in Baltimore 48 yrs		8. DATE OF BIRTH July, 1883		9. AGE (In years last birthday) 70	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify) widow	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Russia	
13. FATHER'S NAME Max Sobole		14. MOTHER'S MAIDEN NAME Eva ?		12. CITIZEN OF WHAT COUNTRY? U.S.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT David Rachliss ADDRESS 5032 Chelgrove Rd.	
18. 420.0 I		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 1 wk	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) ventricular tachycardia DUE TO arteriosclerotic heart disease			
ANTECEDENT CAUSES		(B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from Sept 13, 1953 to Sept 14, 1953 , that I last saw the deceased alive on Sept 14, 1953 , and that death occurred at 12:05 pm. , from the causes and on the date stated above.			
23A. SIGNATURE Robert W. Zeland		23B. ADDRESS Sinai Hospital		23C. DATE SIGNED 9-14-53	
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial		24B. DATE 9/15/53		24C. NAME OF CEMETERY OR CREMATORY Hebrew Young Mens	
24D. LOCATION (City, town, or county) (State) Baltimore Maryland		24E. LOCATION (City, town, or county) (State)			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE W. North One		25. FUNERAL DIRECTOR Sol. Levinson ADDRESS Burs-1124-26	
VS 150		8 2 8 5		W. North One	



-450

53 8287

IRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8287

NAME OF DECEASED
(Type or Print)

CARMELLO COLAIANNI

2. DATE
OF DEATH Sept. 13, 1953

PLACE OF DEATH:

Baltimore City, Maryland 2715 Orleans St.

FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 6-02

D. STREET ADDRESS (If rural, give location)

2715 Orleans St.

SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

Yrs.
Mos.
Days

Length of stay in Baltimore

50 yrs

A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR
INDUSTRY

F. & S. Maranto

FATHER'S NAME

Joseph Colaianni

8. DATE OF BIRTH

Jan. 6, 1881

9. AGE (In years
last birthday)

72

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Carmella Lamonico

WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.
217-03-9611A

17. INFORMANT

ADDRESS

Albert S. Colaianni, son, above

18. 581.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Myocarditis -

DUE TO

ANTECEDENT CAUSES

(B) Chronic Liver

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. CAUSE WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M.

WHILE AT
WORKNOT WHILE
AT WORK22. I hereby certify that I attended the deceased from 1/14/52, 19, to 9/13/50, 19, that I last saw the
deceased alive on 9/13/50, 19, and that death occurred at 1:30A m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 16, 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

TE RECEIVED BY
CAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Schimuneb Funeral Home, Inc.
2601-3-5 E. Madison St.

MINNESOTA DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of birth		5. Date of death		6. Place of death		7. Cause of death		8. Signature of physician		9. Signature of registrar	
John J. Doe		Male		45		Jan 1, 1900		Jan 15, 1945		St. Paul, Minn.		Heart disease		J. J. Doe, M.D.		J. J. Doe	
10. Name of informant		11. Relationship		12. Address		13. City		14. State		15. Zip		16. Signature of informant		17. Signature of registrar		18. Signature of physician	
John J. Doe		Son		123 Main St.		St. Paul		Minn.		55101		John J. Doe		J. J. Doe		J. J. Doe, M.D.	
19. Name of funeral home		20. Address		21. City		22. State		23. Zip		24. Signature of funeral home		25. Signature of registrar		26. Signature of physician		27. Signature of informant	
John J. Doe		123 Main St.		St. Paul		Minn.		55101		John J. Doe		J. J. Doe		J. J. Doe, M.D.		John J. Doe	

53 8288

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8288

1. NAME OF DECEASED (Type or Print) Margie Mason			2. DATE OF DEATH Sept 12, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland Med. Oper. 4			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md. B. COUNTY 3-02		
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore. 2		
c. Length of stay in Baltimore Yrs. Mos. Days			O. STREET ADDRESS (If rural, give location) 1007 Row St		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 11- - 99		19. AGE (In years last birthday) 53
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Va.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME George Brown			14. MOTHER'S MAIDEN NAME Mary Westley		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS
18. 581.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) I CAUSE OF DEATH Arteriointestinal bleeding DUE TO Esophageal varices DUE TO Cirrhosis of liver			INTERVAL BETWEEN ONSET AND DEATH 1 day 1 yr.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8-18- , 19 53 to 9-12- , 19 53 , that I last saw the deceased alive on 9-12- , 19 53 , and that death occurred at 12:25 m., from the causes and on the date stated above.					
23A. SIGNATURE John L. Hederman			23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 9.12.53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sept. 16-1953		24C. NAME OF CEMETERY OR CREMATORY Int. Calvary Cemetery	
24D. LOCATION (City, town, or county) A. A. Co. Md		(State)			
DATE RECEIVED BY LOCAL REGISTRAR SEP 15 1953		REGISTRAR'S SIGNATURE William Williams		25. FUNERAL DIRECTOR'S ADDRESS 1515 17th St	

CERTIFICATE AMENDED 9/24/53 ES

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 8289

NAME OF DECEASED (Type or Print) Mrs. Maybelle/Leitch

2. DATE OF DEATH 9/14/53

PLACE OF DEATH: Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 15-48

D. STREET ADDRESS (If rural, give location)
Windsor Cts. 2111 Garrison Blvd.

Length of stay in Baltimore

SEX 6. COLOR OR RACE W 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 6/11/93

9. AGE (In years last birthday) 80 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

A. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired) tired School Teacher 10B. KIND OF BUSINESS OR INDUSTRY Teaching

11. BIRTHPLACE (State or foreign country) ? 12. CITIZEN OF WHAT COUNTRY?

FATHER'S NAME Charles A. Geiselman

14. MOTHER'S MAIDEN NAME Sarah Stitely

WAS DECEASED EVER IN U. S. ARMED FORCES? (no or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS Mr. Stephen W. Leitch Same

18. 175X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) Kidney INSUFFICIENCY Acute glomerular nephritis DUE TO

(B) CHRONIC CARCINOMATOSIS probably from ovarian tumor. DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-6 1953, to 9-14 1953, that I last saw the deceased alive on 9-14 1953, and that death occurred at 10:00 a. m., from the causes and on the date stated above.

23A. SIGNATURE W. M. Smith

23B. ADDRESS 238 Bon Lewis Hosp

23C. DATE SIGNED 9-14-53

A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE 9/16/53

24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.

24D. LOCATION (City, town, or county) (State) Pikesville, Md.

TE RECEIVED BY CAL REGISTRAR REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S ADDRESS

See query reply in Document File

T-525
53 8290BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8290
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY E. TOWNSHEND

2. DATE
OF
DEATH

Sept. 13, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

2921 Oakley Ave.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

2921 Oakley Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Oct. 30, 1876

9. AGE (In years
last birthday)

76

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Eugene E. Ecker

14. MOTHER'S MAIDEN NAME

Sarah Naille

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Helen Townshend-2921 Oakley Ave.

18.

443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

1 day

1 year

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 24, 1952, to Sept 13, 1953, that I last saw the
deceased alive on Sept 13, 1953, and that death occurred at 9:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Daniel Lewis

M. D.

23B. ADDRESS

7818 Reisterstown Rd

23C. DATE SIGNED

Sept 15/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

9/16/53

24C. NAME OF CEMETERY OR CREMATORY

Linganore Cem.

24D. LOCATION (City, town, or county)

Unionville, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

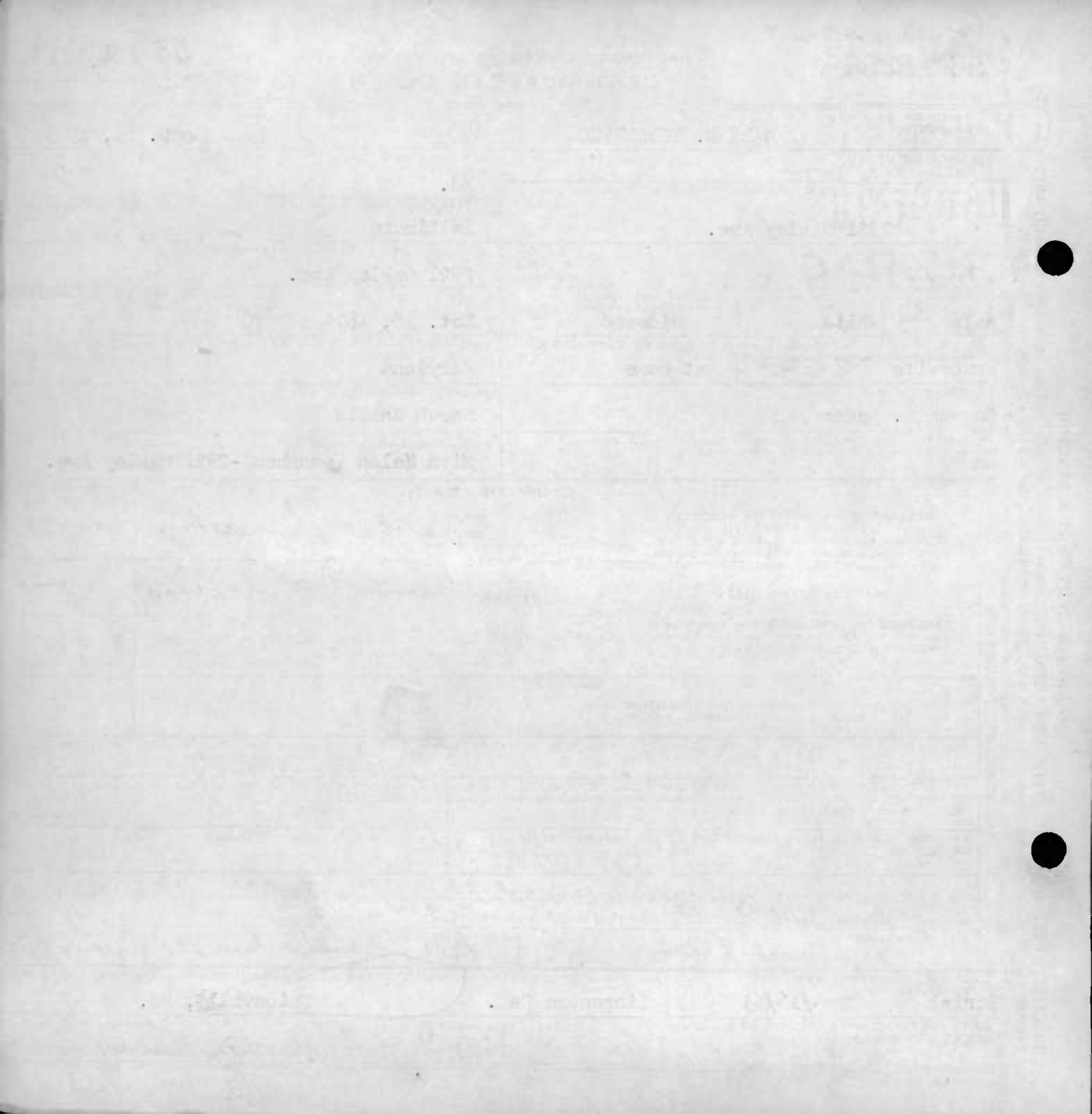
Huntington W. 30

25. FUNERAL DIRECTOR

Thos. J. Dickner & Sons

ADDRESS

Baltimore 17, Md.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53

8291

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN

KING

2. DATE
OF
DEATH

September 14, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONBaltimore City MorgueC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)Baltimore

D. STREET ADDRESS (If rural, give location)

1127 Argyle AvenueC. Length of stay in Baltimore 50 Yrs.Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Widowed

8. DATE OF BIRTH

9/19/909. AGE (In years
last birthday)6311 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Laborer10B. KIND OF BUSINESS OR
INDUSTRYIn General

11. BIRTHPLACE (State or foreign country)

Gloster Co. Va.12. CITIZEN OF
WHAT COUNTRY?U.S. A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)No16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Norman Johnson 1130 Argyle Ave18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)(A) Cardiac decompensationDUE TO arteriosclerotic cardiovascular disease

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Joseph A. Jashinsky23B. CHIEF MEDICAL EXAMINER.....
M.D. ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
Sept. 14, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial

24B. DATE

9/16/1953

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

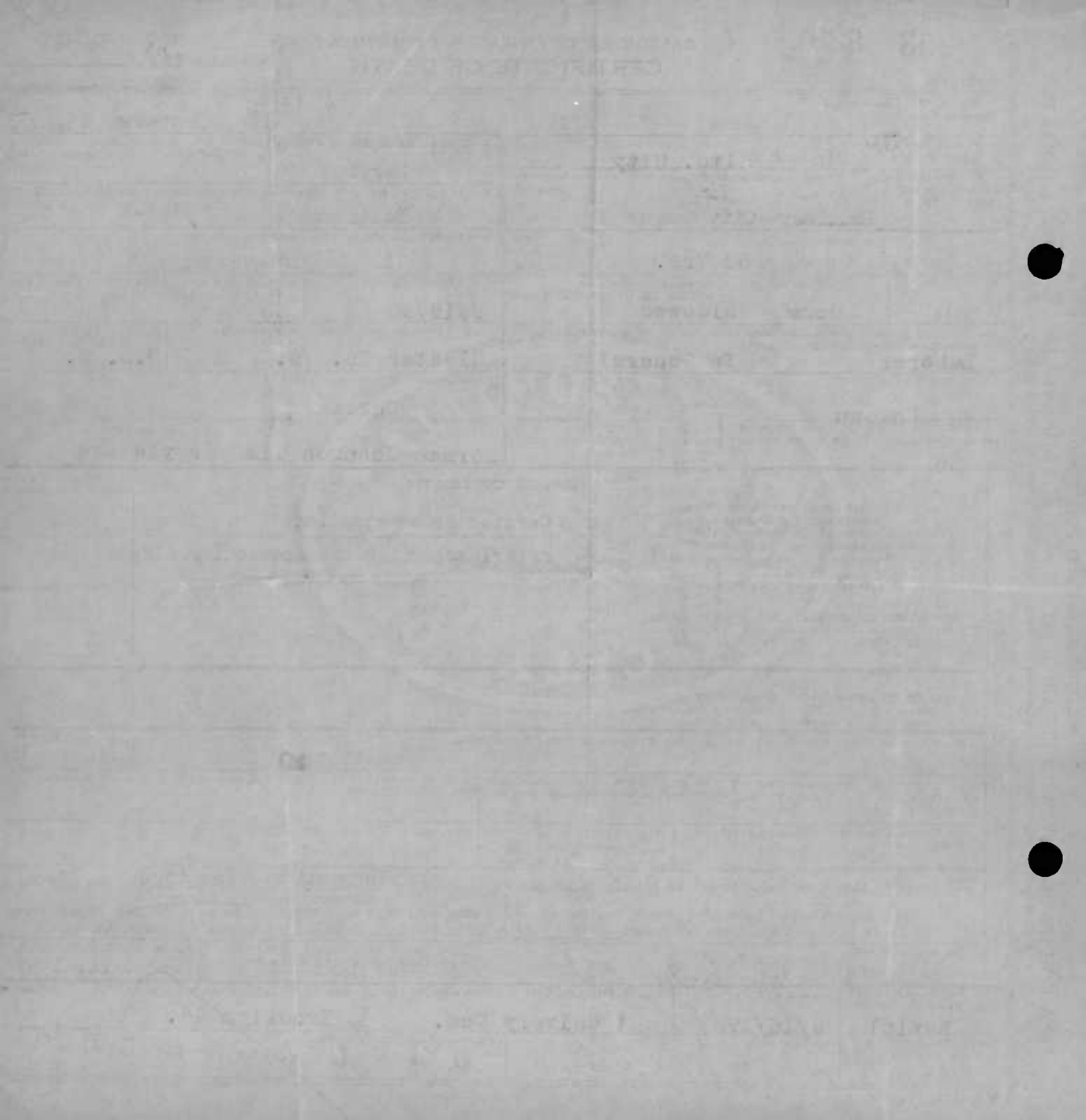
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151 js

97099



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 8292

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)EDWARD M. KENDALL2. DATE
OF
DEATHSeptember 14, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)HOSPITAL OR
INSTITUTIONUnion Memorial Hospital

C. CITY OR TOWN

Baltimore(If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

4222 Ivanhoe Avenue

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)MARRIED

8. DATE OF BIRTH

FEB. 10, 18899. AGE (In years
last birthday)64If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)BARTENDER10B. KIND OF BUSINESS OR
INDUSTRYHOTEL

11. BIRTHPLACE (State or foreign country)

BALTIMORE Md.12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

EDWARD KENDALL

14. MOTHER'S MAIDEN NAME

GERTRUDE15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.214-14-3084

17. INFORMANT

ADDRESS

Lillian M. KENDALL 4222 IVANHOE AVE18. 581.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Fatty metamorphosis of the liver,
marked, with early cirrhosis

ANTECEDENT CAUSES

(B) Hypertensive cardiovascular diseaseDISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Joseph A. Jachings

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☒MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Sept. 14, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)BURIAL

24B. DATE

9/16/53

24C. NAME OF CEMETERY OR CREMATORY

CATHEDRAL

24D. LOCATION (City, town, or county)

BALTIMORE

(State)

Md.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

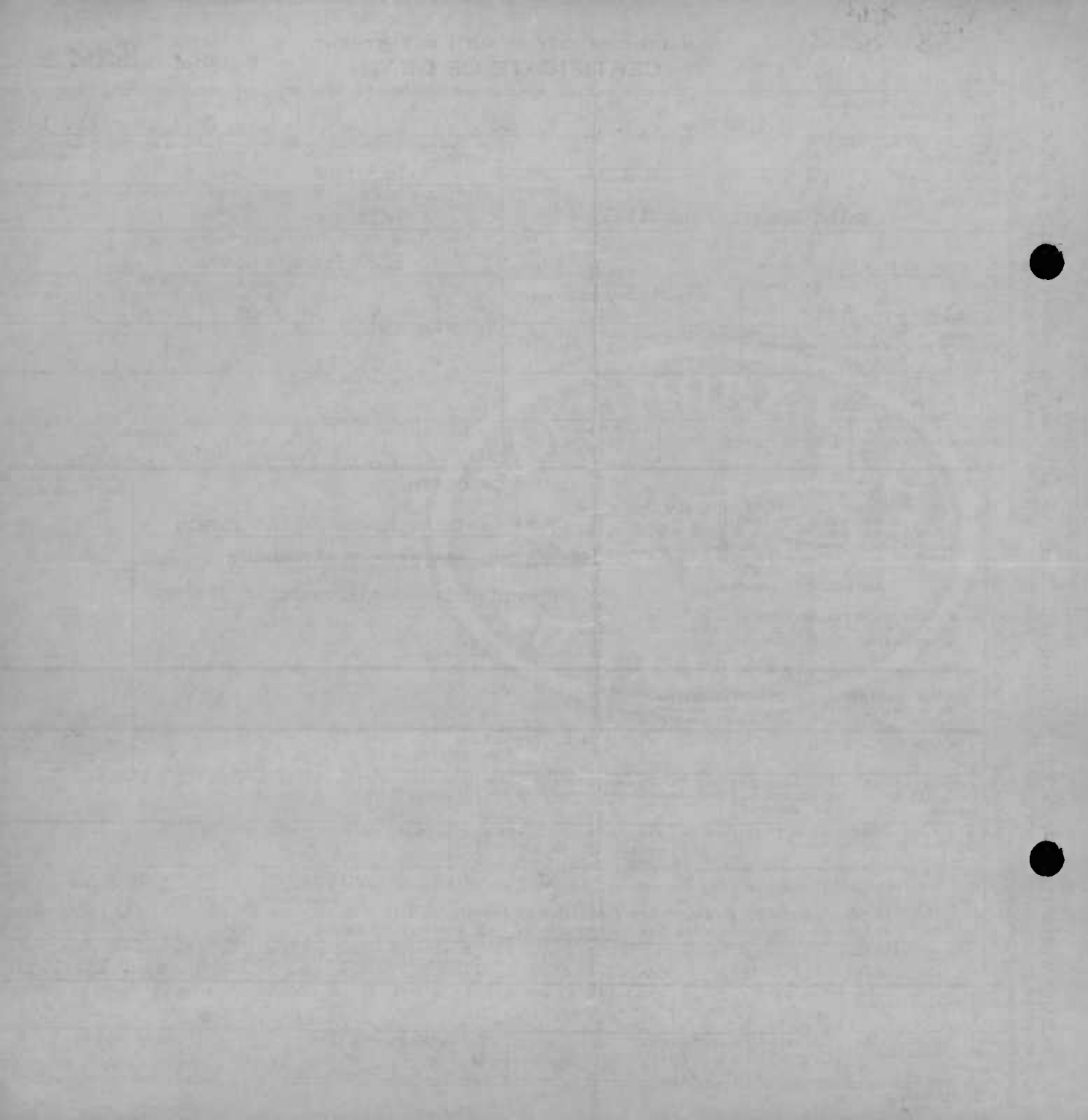
William W. Williams

25. FUNERAL DIRECTOR

A. FAHEY & SONS

ADDRESS

401 SUFFOLK Rd



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8293

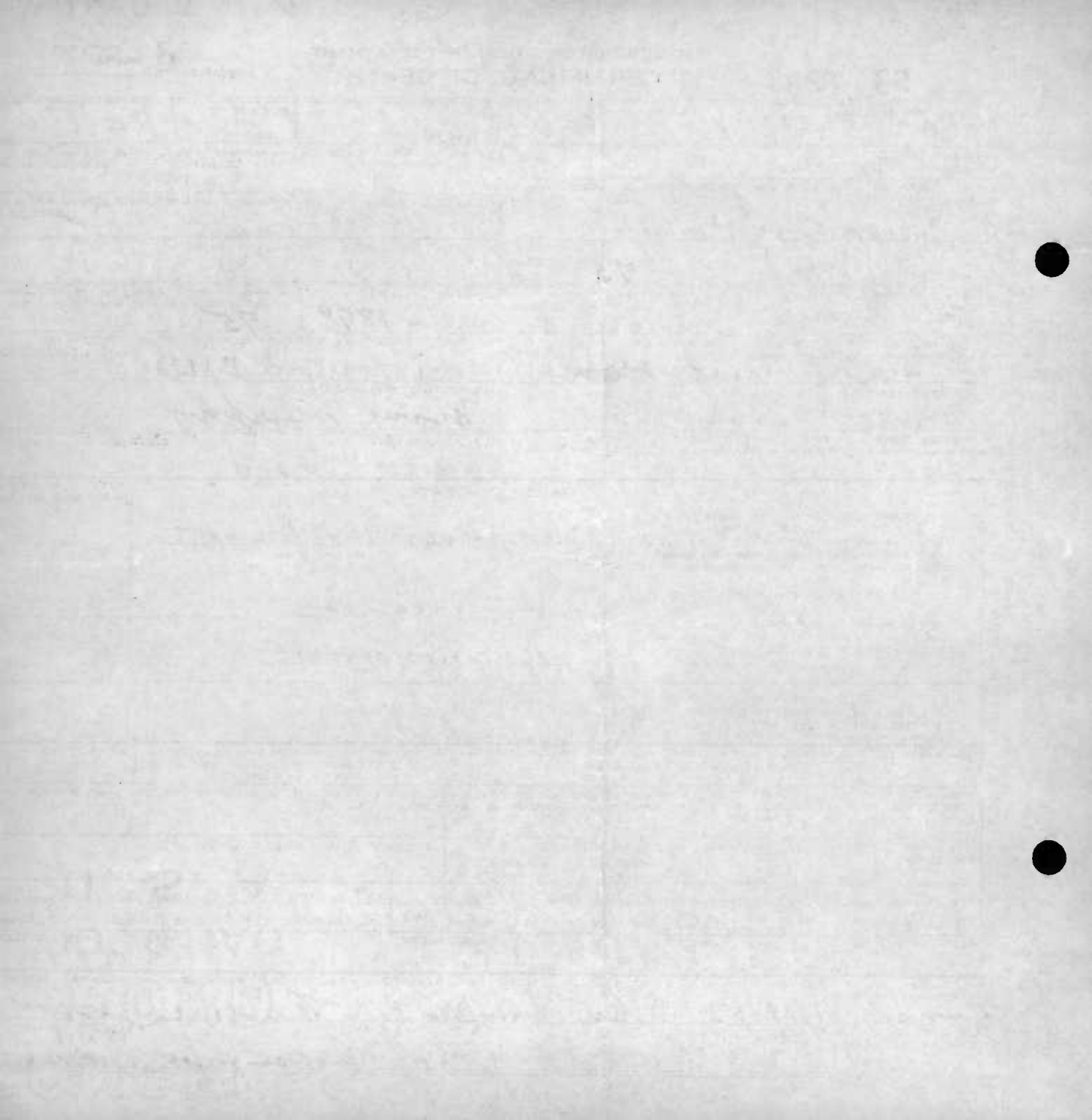
BIRTH NO. 53 8293

1. NAME OF DECEASED (Type or Print) Dillon, Catherine			2. DATE OF DEATH 9/14/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md B. COUNTY Balt.		
B. FULL NAME OF HOSPITAL OR INSTITUTION University of Md Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Md.		
c. Length of stay in Baltimore 75 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1119 Ward St. 21-02		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan 2 1878		9. AGE (In years last birthday) 75
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HSWF			10B. KIND OF BUSINESS OR INDUSTRY at Home		11. BIRTHPLACE (State or foreign country) Maryland BALTA
13. FATHER'S NAME Michael Cunningham			12. CITIZEN OF WHAT COUNTRY? USA		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Mary Murphy
17. INFORMANT George Mitchell			ADDRESS same.		

18. 331X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) Cerebrovascular Accident.		
DUE TO				
ANTECEDENT CAUSES		(B) Hypertension		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO		
		(C) Arteriosclerosis.		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED a. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 9/14 , 1953, to 9/14 , 1953, that I last saw the deceased alive on 9/14 , 1953, and that death occurred at 9:40 P.m. , from the causes and on the date stated above				
23A. SIGNATURE Charles W. Brady M. D.		23B. ADDRESS University Hosp.		23C. DATE SIGNED 9/14/53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 9/18/53	24C. NAME OF CEMETERY OR CREMATORY Green Haven Mem Pk		24D. LOCATION (City, town, or county) (State) Pitchie Hwy.
DATE RECEIVED BY LOCAL REGISTRAR Huntington Baltimore, Md		25. FUNERAL DIRECTOR John J. Bowman & Son		ADDRESS Baltimore

SEP 13 1953



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sadie E. Thomas

2. DATE
OF
DEATH

Sept. 13, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2919 W. North Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2919 W. North Ave.

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

April 17, 1882 71

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Harford Co. MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles Brown

14. MOTHER'S MAIDEN NAME

Sarah

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Henry Thomas-3429 Payton Ave.

18. 174x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Metastatic carcinoma of uterus

2 yr

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., In or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 53, 19, to Sept 12, 1953 that I last saw the
deceased alive on Sept 12, 1953, and that death occurred at 9p m., from the causes and on the date stated above.

23A. SIGNATURE

Albert C. Beunwell

M. D.

23B. ADDRESS

1924 W. North Ave.

23C. DATE SIGNED

9/14/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

9/16/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cemetery Baltimore Maryland

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

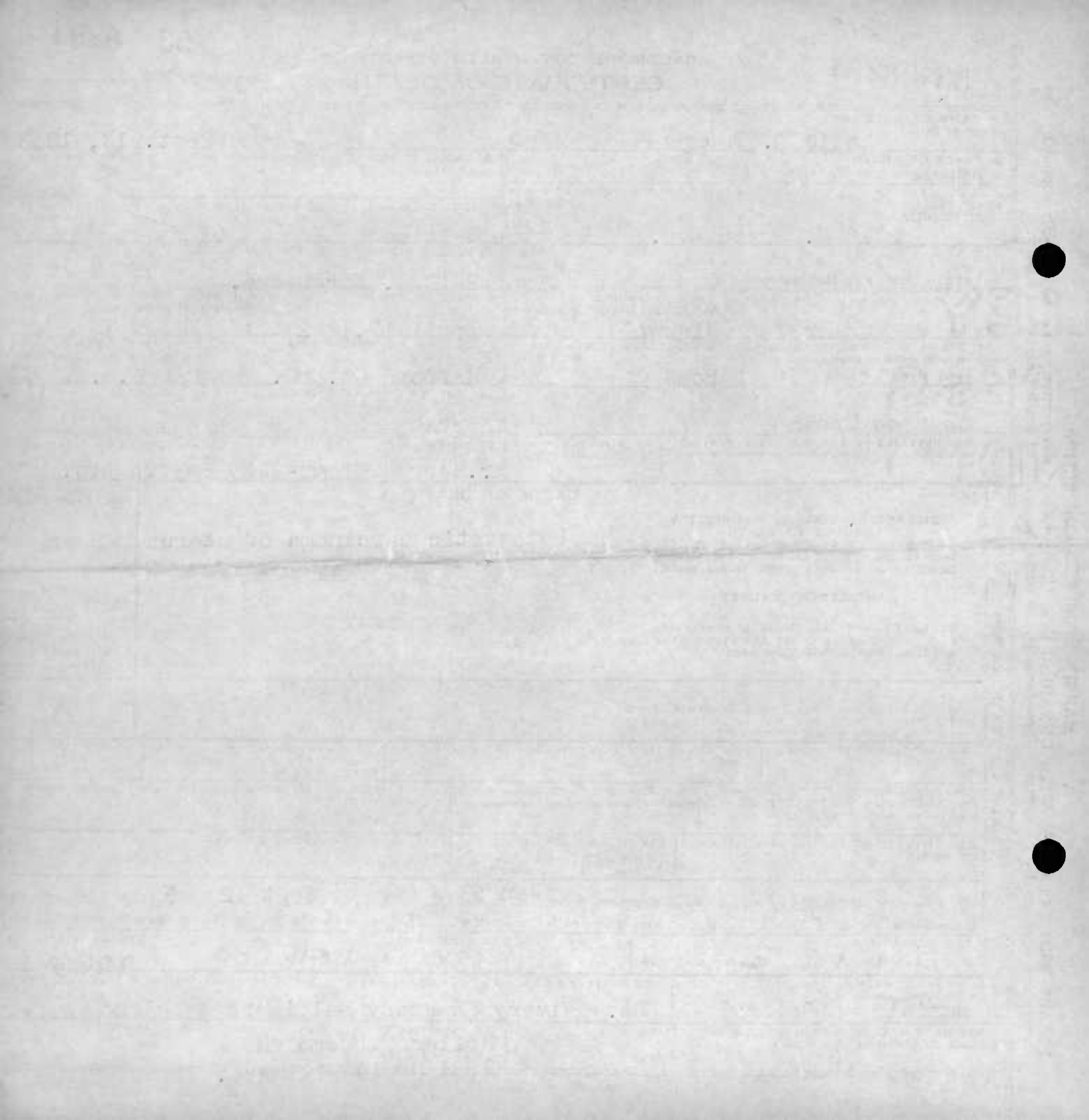
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Holland Funeral Home

1631 Druid Hill Ave.



53 8295

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print) HARRY C SMITH.		2. DATE OF DEATH SEPT. 14, 1953.	
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTIMORE		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE BALTIMORE, MARYLAND. B. COUNTY _____			
5. FULL NAME OF HOSPITAL OR INSTITUTION MONTEBELLO HOSPITAL.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE. 28-31			
c. Length of stay in Baltimore 2 1/2 Mos.		D. STREET ADDRESS (If rural, give location) 6126 Reisterstown Rd.			
5. SEX MALE	6. COLOR OR RACE WHITE.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED.	8. DATE OF BIRTH FEBR. 21, 1874.	9. AGE (In years, last birthday) 79	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor (rtd)		10B. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) BALTIMORE, MARYLAND.	
13. FATHER'S NAME -- Smith		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 220-09-5858		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		17. INFORMANT ADDRESS HOSPITAL RECORD.			
18. 332X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) BRONCHOPNEUMONIA AND PULMONARY OEDEMA.		CAUSE OF DEATH (A) BRONCHOPNEUMONIA AND PULMONARY OEDEMA. DUE TO (B) CEREBRAL THROMBOSIS. DUE TO (C) HYPERTENSION AND CEREBRAL ARTERIO-SCLEROSIS.		INTERVAL BETWEEN ONSET AND DEATH 3 DAYS. 5 DAYS. YEARS.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		STATUS POST AMPUTATION OF THE LEFT LEG 1930.			
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED -		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) -		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? -	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY -		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? -	
22. I hereby certify that I attended the deceased from JULY, 2 , 1953, to SEPT 14 , 1953, that I last saw the deceased alive on SEPT. 14 , 1953, and that death occurred at 5:15 P.m., from the causes and on the date stated above.					
23A. SIGNATURE Paul Rist.		23B. ADDRESS MONTEBELLO HOSPITAL, BALTIMORE, Md.		23C. DATE SIGNED SEPT. 14, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9/17/53		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	
24D. LOCATION (City, town, or county) Balto., Md.		24E. FUNERAL DIRECTOR Wm. J. Pickner & Sons		24F. ADDRESS Balto. 17, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

02 600 424 33

-620

8296

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 8296

TH NO.

NAME OF DECEASED
(Type or Print)

Ella Rinehart Brooks

2. DATE
OF
DEATH

Sep 15/53

PLACE OF DEATH:

Baltimore City, Maryland 3328 Gilman Ter.

FULL NAME OF (If not in hospital or institution, give street address or location)

at home

4. USUAL RESIDENCE (Where deceased lived; If institution; residence before admission)

A. STATE Md. B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3328 Gilman Terrace

Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED/DIVORCED (Specify)

Widow

8. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired)

None

10. KIND OF BUSINESS OR INDUSTRY

None

FATHER'S NAME

Evan T. Rinehart

8. DATE OF BIRTH

Oct 5/1880

9. AGE (In years last birthday)

72

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

Alice M. B. Warden

WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

No

17. INFORMANT

Wm. H. Williams

ADDRESS

310 Edwille

18. 411X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute myocardial infarction

DUE TO

ANTECEDENT CAUSES

(B) Arteriosclerosis or old rheumatic fever

DUE TO

(C) Hypertension

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1952, to Sept 14, 1953, that I last saw the deceased alive on Sept 14, 1953 and that death occurred at 6 AM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

25. RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

CERTIFICATE OF DEATH

IN SENATE

January 1, 1900

1900

CERTIFICATE OF DEATH

STATE OF NEW YORK

IN SENATE

January 1, 1900

1900

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8297

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8297
Registered No.

TH NO.

NAME OF DECEASED
(Type or Print)

Mary Ruffin

2. DATE
OF
DEATH

9-13-53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

Provident Hospital

Length of stay in Baltimore

20 YRS

Yrs.
Mos.
DaysSEX
Female

6. COLOR OR RACE

ed

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. USUAL OCCUPATION (Give kind of
occupation during most of working life, even if retired)

Packer

10a. KIND OF BUSINESS OR
INDUSTRY

CANNERY FACTORY

FATHER'S NAME

CALVIN W. CHERRY

9. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

NO

NO

16. SOCIAL
SECURITY NO.

215-22-9335

17. INFORMANT

ADDRESS

JOSEPH RUFFIN-1412 ARGYLE AV

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebro Vascular Accident

DUE TO

ANTECEDENT CAUSES

(B) Hypertensive Cardio Vascular Disease

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 13, 1953, to Sept 13, 1953, that I last saw the
deceased alive on Sept. 13, 1953, and that death occurred at 1:50 A.M., from the causes and on the date stated above.

23A. SIGNATURE

George R. Leyno

M. D.

23B. ADDRESS

Provident Hospital

23C. DATE SIGNED

9-13-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

9/16/53

24C. NAME OF CEMETERY OR CREMATORY

WADE CHERRY CEM.

24D. LOCATION (City, town, or county)

AHOSHIE, N.C.

(State)

25. RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Charles Harper

ADDRESS

VS 150

69042 512 Carverton Ave.

1000

CONTINUED FROM PAGE 1

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320
MAF- 174462

53 8298

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8298

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

David Yates

2. DATE
OF DEATH Sept. 15, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTEBaltimore City Hospitals
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Dunnellen Drive

Towson #4

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Aug. 21, 1939

9. AGE (In years last birthday)

14

If Under 1 Year Months: Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

School boy

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Lester Yates

14. MOTHER'S MAIDEN NAME

Marion Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service)

No

None

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

B. C. H. 4940 Eastern Ave. (records)

18. 080.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Polio, acute, Bulbo-spinal

7 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-10, 1953, to 9-15, 1953, that I last saw the deceased alive on 9-15, 19 53, and that death occurred at 5:20 A.m., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Brown

M. O.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

9-15-1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 16, 1953

24C. NAME OF CEMETERY OR CREMATORY

Providence Mth. Cem.

24D. LOCATION (City, town, or county) (State)

Providence, Balto. Co., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 15 1953

H. J. Brown

John Brown, Towson, Md.

UNITED STATES OF AMERICA

July 1, 1964

Washington, D.C.

Mr. J. Edgar Hoover

Director, FBI

Dear Mr. Hoover:

Enclosed for you are

two copies of

a letterhead memorandum

dated and captioned as above.

I am sure you will find

this information of interest.

Sincerely,

J. Edgar Hoover

Director, FBI

MASSACHUSETTS DEPARTMENT OF HEALTH
DEPARTMENT OF HEALTH

1-1

MASSACHUSETTS DEPARTMENT OF HEALTH
DEPARTMENT OF HEALTH

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **53 8200**

53 8200
BIRTH NO.

1. NAME OF DECEASED (Type or Print) FERDINAND E. MULLAUER			2. DATE OF DEATH September 13, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Lutheran Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 25-05		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 1618 Elm tree St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 1878		9. AGE (in years last birthday) 75
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Boiler-fireman			10B. KIND OF BUSINESS OR INDUSTRY Car-Foundry		11. BIRTHPLACE (State or foreign country) Germany
13. FATHER'S NAME Unknown			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) --			16. SOCIAL SECURITY NO.		
17. INFORMANT Chas. F. Mullauer			ADDRESS 2936 E. Preston		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease (A) INDEX		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cirrhosis of the liver (B) _____ DUE TO (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Partial Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>Joseph A. Jackimczyk</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Sept. 14, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9/17/53		24C. NAME OF CEMETERY OR CREMATORY Holy Cross	
24D. LOCATION (City, town, or county) Ritchie Hgwy		(State)			
DATE RECEIVED BY LOCAL REGISTRAR SEP 16 1953		REGISTRAR'S SIGNATURE <i>Huntington</i>		25. FUNERAL DIRECTOR John F. Denny, Inc.	
ADDRESS 715 Light St.					

V S 151 js

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

REPUBLICAN PARTY
STATE OF NEW YORK
COUNTY OF ALBANY

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 8301BIRTH NO. 53 8301

1. NAME OF DECEASED (Type or Print) Marcel Longini			2. DATE OF DEATH September 14, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY 11-01		
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. 37 Mos. 11-01 Days			D. STREET ADDRESS (If rural, give location) 1001 St. Paul Street		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 24, 1890	9. AGE (In years last birthday) 63	10. Under 1 Year Months: 11 Days: 01
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Salesman		10B. KIND OF BUSINESS OR INDUSTRY Union Central Life	11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? Illinois
13. FATHER'S NAME Longini			14. MOTHER'S MAIDEN NAME --		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. --	17. INFORMANT Lida L. Longini, 1001 St. Paul Street		
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis DUE TO CERTIFICATION APPROVED BY Joseph A. Jackson, M. D. CHIEF OR ASST. MEDICAL EXAMINER.			INTERVAL BETWEEN ONSET AND DEATH Sudden		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 17, 1951 , to Sept. 14, 1953 , that I last saw the deceased alive on Feb. 18, 1952 , and that death occurred at m. , from the causes and on the date stated above.					
23A. SIGNATURE Richard S. Sander M. D.		23B. ADDRESS Med. Arts Bldg - Balto.		23C. DATE SIGNED 9/15/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE 9/16/53		24C. NAME OF CEMETERY OR CREMATORY Green Mount Crematory	
24D. LOCATION (City, town, or county) Baltimore,		24E. STATE Maryland			
DATE RECEIVED BY LOCAL REGISTRAR SEP 16 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Wm. Cook, Inc.	
		ADDRESS 1217 St. Paul Street			

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8302
Registered No. 53 8302

4-400
53 8302
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Hall, Joseph P.			2. DATE OF DEATH 9/14/53		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Md. b. COUNTY		
b. FULL NAME OF (If not in hospital or institution, give street address or location) UNIVERSITY HOSPITAL			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 21-01		
c. Length of stay in Baltimore			d. STREET ADDRESS (If rural, give location) 705 W. Cross Street		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 3, 1884		9. AGE (In years last birthday) 69
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Adjuster		10b. KIND OF BUSINESS OR INDUSTRY L. Shop	11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME Walter Stall			14. MOTHER'S MAIDEN NAME Mary Gunn		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT minnie G. Stall	
18. 540.0		CAUSE OF DEATH		ADDRESS 705 W. Cross Street	

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) D. I. hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 32 hrs
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Peptic ulcer		?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arteriosclerotic heart disease		?

19a. DATE OF OPERATION 9/13		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from **9/13** 19**53**, to **9/14** 19**53**, that I last saw the deceased alive on **9/14** 19**53**, and that death occurred at **4:45 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE Karl H. Weaver		23b. ADDRESS University Corps		23c. DATE SIGNED 9/15/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/17/53		24c. NAME OF CEMETERY OR CREMATORY New Cathedral	
24d. LOCATION (City, town, or county) (State) Baltimore, Maryland		24e. NAME OF CEMETERY OR CREMATORY Baltimore, Maryland		24f. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Wm. Cook, Inc.	
				ADDRESS 1217 S. Paul St.	

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-620

53 8203

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 8203
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HERMAN J. MYERS

2. DATE
OF
DEATH

9-14-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

UNIVERSITY Hospital

C. CITY OR TOWN

Baltimore - English Consul

D. STREET ADDRESS (If rural, give location)

2744 Daisy Avenue

C. Length of stay in Baltimore

3

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 22, 1914

9. AGE (In years last birthday)

38

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Produce Salesman

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John J. Meyers (w)

14. MOTHER'S MAIDEN NAME

Myrtle O. Watts

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Bertha Marino, 2744 Daisy Ave

18.

334X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

CEREBRAL ENCEPHALOPATHY

6 dys

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

MALIGNANT HYPERTENSION

(C) DUE TO

NECROTIZING GIEROLITIS

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

0

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-11, 1953, to 9-14, 1953, that I last saw the deceased alive on 9-14, 1953, and that death occurred at 9:35 P.M., from the causes and on the date stated above.

23A. SIGNATURE

J. J. Boyce

23B. ADDRESS

University Hospital

23C. DATE SIGNED

9/14/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9/18/53

24C. NAME OF CEMETERY

Mt. Olivet

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

St. Ann's Cook Inc., 1217 E. Baltimore

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-420

53 8304

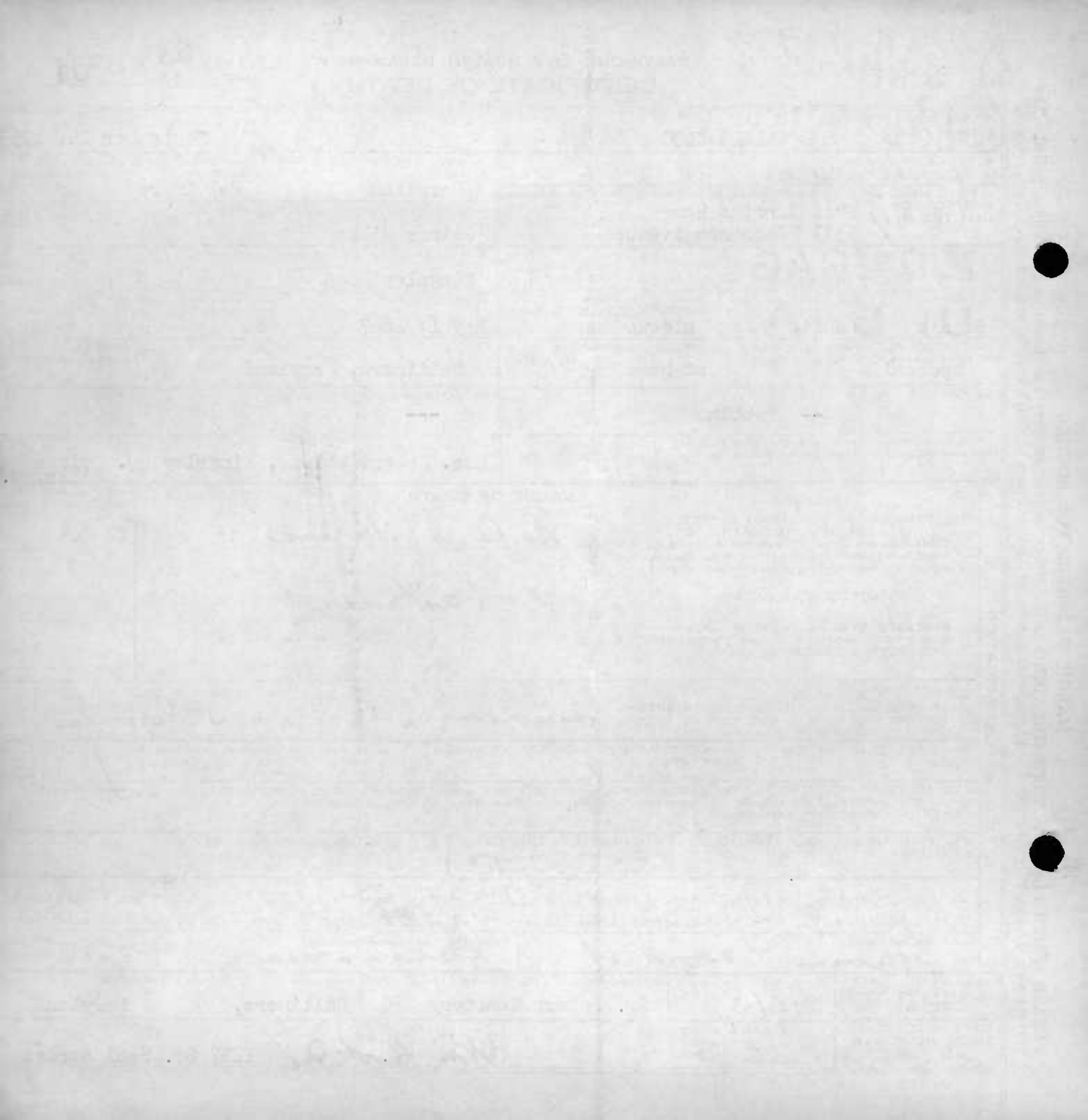
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8304
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	
ELLA KLUG	
2. DATE OF DEATH	
September 14, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Hood Nursing Home 5313 Edmondson Avenue	
4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY Baltimore	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Owings Mills	
D. STREET ADDRESS (If rural, give location) Kingsley Road	
c. Length of stay in Baltimore	
5. SEX	6. COLOR OR RACE
female	white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH	
May 1, 1867	
9. AGE (In years last birthday)	
86	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
housewife	
10B. KIND OF BUSINESS OR INDUSTRY	
at home	
11. BIRTHPLACE (State or foreign country)	
Baltimore, Maryland	
12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME	
-- Dobbin	
14. MOTHER'S MAIDEN NAME	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	
(If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.	
17. INFORMANT	
Mrs. Robert Whippo, Kingsley Rd. Owings Mills, Md.	
ADDRESS	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) C.O. of Breast c 2 yrs. DUE TO metastases ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) Generalized Arteriosclerosis 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/> 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from 7-22-53, to 9-14-53, that I last saw the deceased alive on 9-14-53, and that death occurred at 4:30 P.M., from the causes and on the date stated above. 23A. SIGNATURE James E. Howell M.D. 23B. ADDRESS Colonial 23C. DATE SIGNED 9-14 24A. BURIAL, CREMATION, REMOVAL (Specify) burial 24B. DATE 9/17/53 24C. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery 24D. LOCATION (City, town, or county) (State) Baltimore, Maryland DATE RECEIVED BY LOCAL REGISTRAR SEP 16 1953 REGISTRAR'S SIGNATURE Huntington 25. FUNERAL DIRECTOR St. M. Cook Inc. ADDRESS 1217 St. Paul Street	

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53 8305

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8305
Registered No.

1. NAME OF DECEASED (Type or Print) FLORENCE WILSON CLOYD		2. DATE OF DEATH 15 SEPT 1953	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY Montgomery	
5. FULL NAME OF (If not in hospital or institution, give street address or location) BALTIMORE, 1, MARYLAND MARYLAND GENERAL HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) CHEVY CHASE 6500	
6. COLOR OR RACE WHITE		D. STREET ADDRESS (If rural, give location) 6609 HILLENDALE ROAD	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 1 AUG 1900	
9. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) HOUSEWIFE		9. AGE (in years last birthday) 53 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.	
10. FATHER'S NAME JOHN WILSON		11. BIRTHPLACE (State or foreign country) NEBRASKA	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) NO		13. SOCIAL SECURITY NO. NOT KNOWN	
14. MOTHER'S MAIDEN NAME BLANCH BREWER		15. INFORMANT ADDRESS HOSPITAL RECORDS.	

16. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CARCINOMA, GENERALIZED		17. INTERVAL BETWEEN ONSET AND DEATH APPROX. ONE YEAR
18. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Carcinoma of ovary		

19. DATE OF OPERATION 15 AUGUST 1953		19b. MAJOR FINDINGS OF OPERATION GENERALIZED METASTATIC CARCINOMA of ABDOMEN		20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Pneumothorax - right		

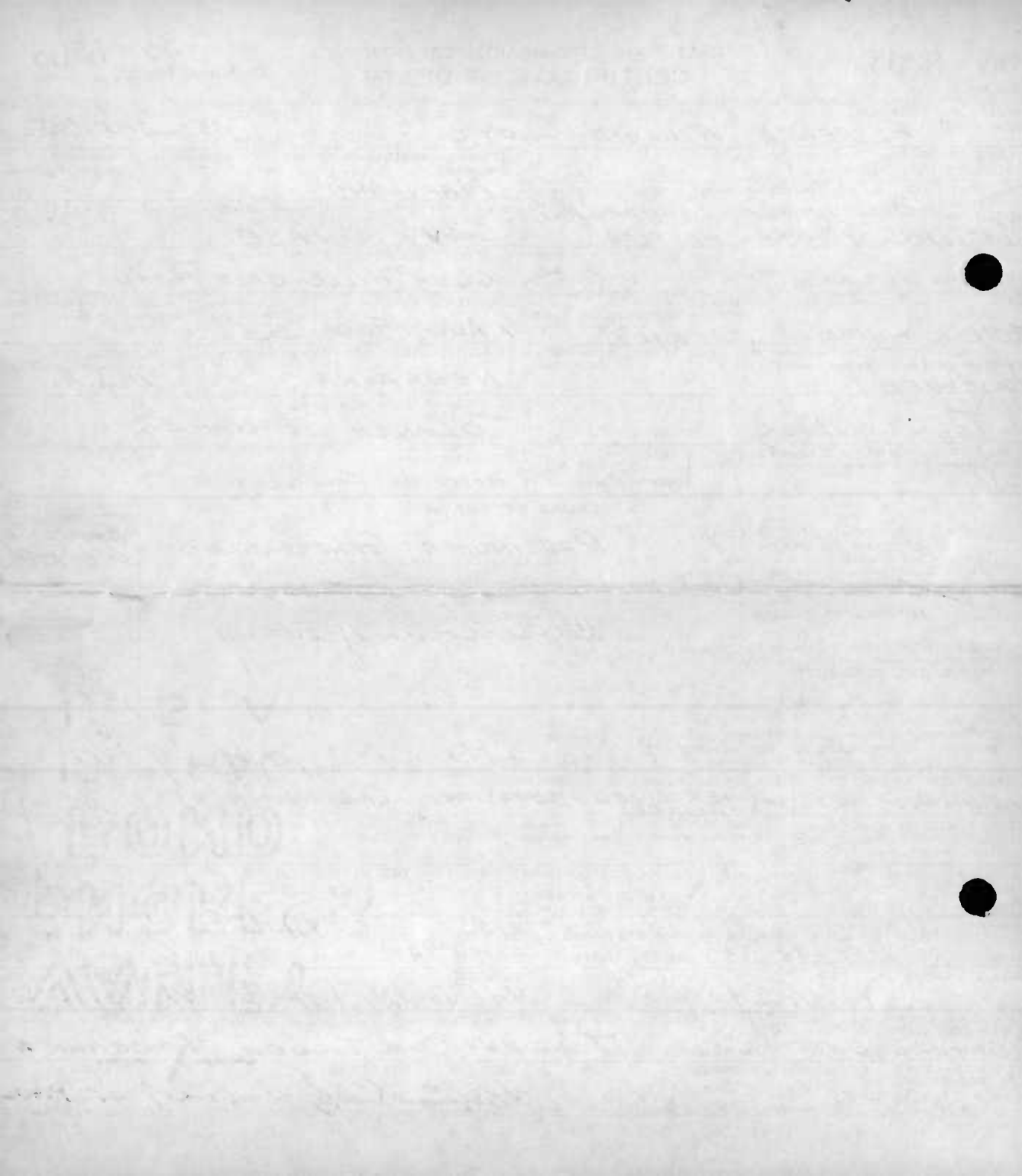
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
---	--	---	--	----------------------------	--

22. I hereby certify that I attended the deceased from **8/2/53**, 19__, to **9/15/53**, 19__, that I last saw the deceased alive on **9-15, 1953**, and that death occurred at **6:40 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE W. Mansfield		23b. ADDRESS 44 W. Biddle St. Balto Md		23c. DATE SIGNED Sept 15 '53	
---------------------------------------	--	--	--	--	--

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE SEPT. 16 53		24c. NAME OF CEMETERY OR CREMATORY TILDEN CEM.		24d. LOCATION (City, town, or county) (State) TILDEN, NEBRASKA	
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25. FUNERAL DIRECTOR Huntington Wilson, 1217 ST. PAUL	
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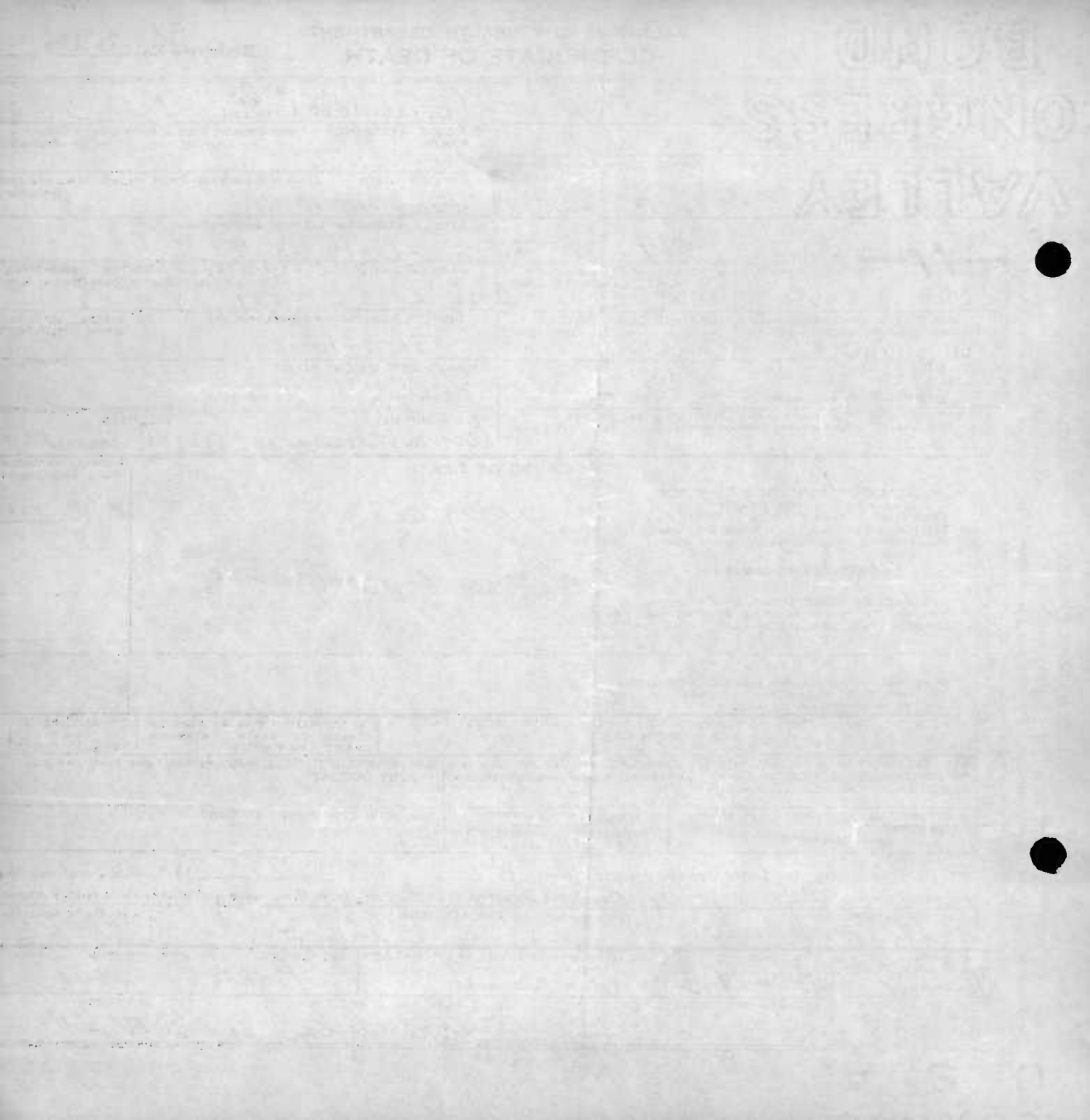


B-25-2
53 8206BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8206

1. NAME OF DECEASED (Type or Print) HEINZ BEISINGER (BEISSINGER)			2. DATE OF DEATH 9/15/53		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION SINAI HOSPITAL OF BALTO., INC.			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 28-03		
c. Length of stay in Baltimore 42 Yrs. 14 Mos. 14 Days			d. STREET ADDRESS (If rural, give location) 5201 PLEASANT ST.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 12/15/13	9. AGE (In years last birthday) 39	10. Under 1 Year Months: Days: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) physician		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) GERMANY		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Hugo			14. MOTHER'S MAIDEN NAME Evelyn		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) UNKNOWN		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Alma Beisinger-5201 Pleasant St		

18. 592X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) UREMIA			INTERVAL BETWEEN ONSET AND DEATH 1 1/2 mos.		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CHRONIC NEPHRITIS OR MALIGNANT HYPERTENSION					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION 0		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		19c. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9/6 , 19 53 , to 9/15 , 19 53 , that I last saw the deceased alive on 9/15 , 19 53 , and that death occurred at 6:23 a. m., from the causes and on the date stated above.					
23a. SIGNATURE Stanley B. Gould		23b. ADDRESS Sinai Hospital		23c. DATE SIGNED 9/15/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-17-1953		24c. NAME OF CEMETERY OR CREMATORY Lorraine	
24d. LOCATION (City, town, or county) (State) Balto. Md.					
DATE RECEIVED BY LOCAL REGISTRAR SEP 16 1953		REGISTRAR'S SIGNATURE Stanley B. Gould		25. FUNERAL DIRECTOR ADDRESS Frank Lewis Inc 2100 Eutaw P.	



314

53 8307

53 8307

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

NAME OF DECEASED (Type or Print) **MEYER RODBLATT** 2. DATE OF DEATH **9-15-53**

PLACE OF DEATH: **Baltimore City, Maryland**
FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) **1646 Ruxton Ave Baltimore Md 15-03**
CITY OR TOWN (If outside corporate limits, write RURAL and give township)

STREET ADDRESS (If rural, give location) **1646 Ruxton Ave**
Length of stay in Baltimore **40** Yrs. Mos. Days

SEX **Male** 6. COLOR OR RACE **White** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **married** 8. DATE OF BIRTH **16** 9. AGE (in years last birthday) **36** If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) **Salesman** 10B. KIND OF BUSINESS OR INDUSTRY **Groceries** 11. BIRTHPLACE (State or foreign country) **Russia** 12. CITIZEN OF WHAT COUNTRY?

FATHER'S NAME **Paul** 14. MOTHER'S MAIDEN NAME **Sarah**

WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT **Lee Rodblatt - Name** ADDRESS

18. **420.1** I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH **ACUTE CORONARY OCCLUSION** INTERVAL BETWEEN ONSET AND DEATH **2 days**

ANTECEDENT CAUSES DUE TO **Coronary Arteriosclerosis** 6YRS. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Sept. 20, 1953**, to **Sept. 10, 1953**, that I last saw the deceased alive on **Sept. 14, 1953**, and that death occurred at **10:30** m., from the causes and on the date stated above.

23A. SIGNATURE **Albert H. Hamegar** 23B. ADDRESS **1801 EUTAW PI.** 23C. DATE SIGNED **9/15/53**

A. BURIAL, CREMATION, REMOVAL (Specify) **burial** 24B. DATE **9-16-53** 24C. NAME OF CEMETERY OR CREMATORY **Rosedale** 24D. LOCATION (City, town, or county) **Balto Md** (State)

DATE RECEIVED BY LOCAL REGISTRAR **Sept 16 1953** REGISTRAR'S SIGNATURE **John H. Hamegar** 25. FUNERAL DIRECTOR **John H. Hamegar** ADDRESS **2100 Gutter Rd**

49063

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

19



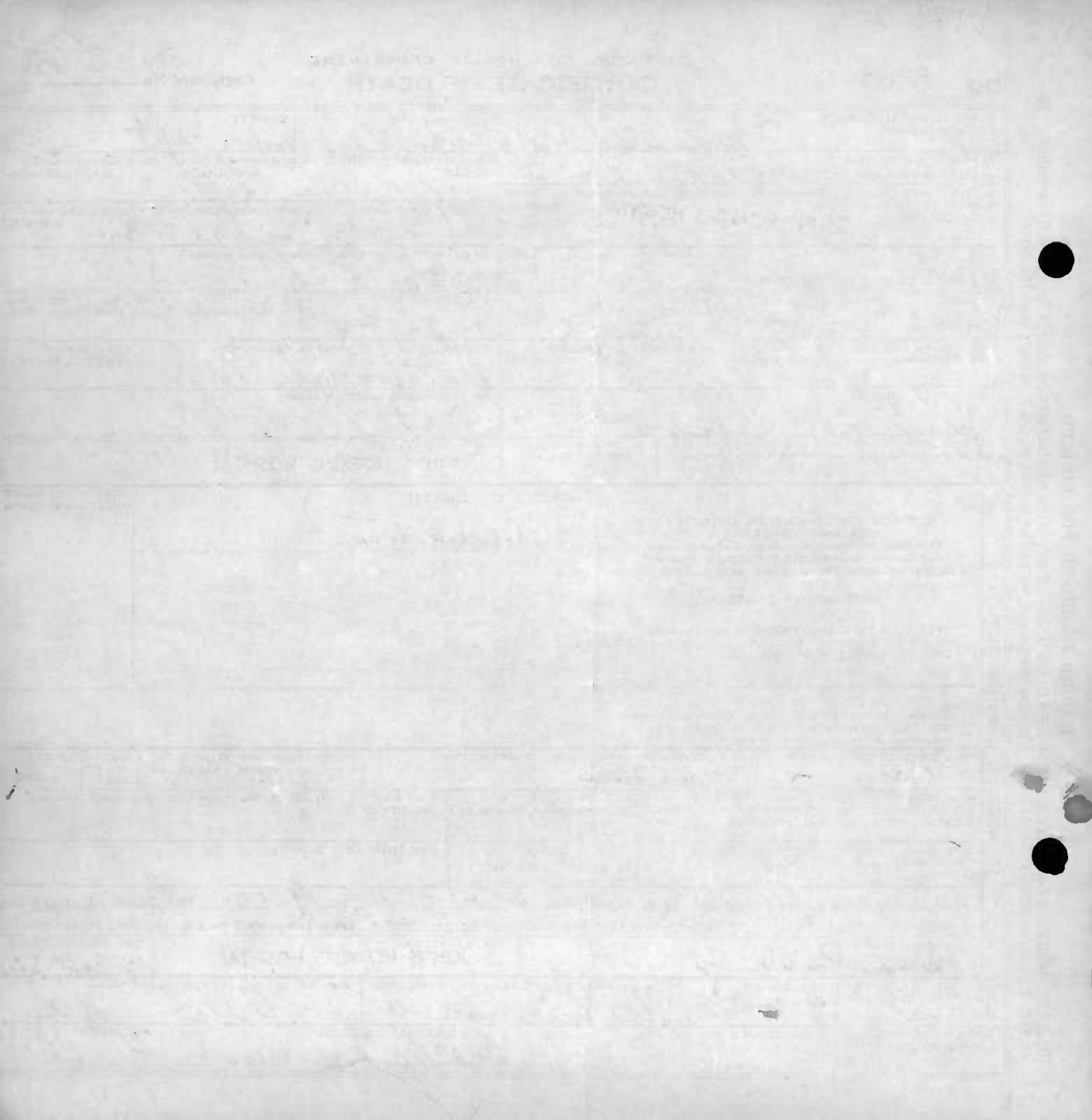
53 8308

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8308
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Bernard Howard Markow</i>			2. DATE OF DEATH <i>Sept 15, 1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Bed. 11 L14 2</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>24-04</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 30</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>1801 Light St.</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>1-2-1944</i>		9. AGE (In years last birthday) <i>9</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Baltimore Md</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Jack Markow</i>			14. MOTHER'S MAIDEN NAME <i>Esther Katz</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS

18. <i>193X</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Medulloblastoma</i>		
DUE TO				
ANTECEDENT CAUSES		(B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO		
(C)				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION <i>6/53</i>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <i>Brain tumor</i>	IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>6-22-1953</i> to <i>9-15-1953</i> that I last saw the deceased alive on <i>9-15-1953</i> , and that death occurred at <i>2:40 P.M.</i> , from the causes and on the date stated above.				
23A. SIGNATURE <i>Bernard P. ...</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>15 Sept 53</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>9-16-53</i>	24C. NAME OF CEMETERY OR CREMATORY <i>United Hebrew</i>	24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <i>William ...</i>	25. FUNERAL DIRECTOR <i>Joe Lewis</i>		ADDRESS <i>2100 Outlaw Pl</i>



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53 8309

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8309

NAME OF DECEASED
(Type or Print)

Clara M. Robson

2. DATE
OF
DEATH Sept 14 1953

PLACE OF DEATH:

Baltimore City, Maryland 4106 Belvieu Ave

FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)
Baltimore 15-10D. STREET ADDRESS (If rural, give location)
4106 Belvieu Ave

Length of stay in Baltimore

7C

Yrs.
Mos.
Days

SEX 6. COLOR OR RACE

Female White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widow

8. DATE OF BIRTH

Apr 5 1868

9. AGE (In years
last birthday)

85

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY

FATHER'S NAME

Levin Wright

14. MOTHER'S MAIDEN NAME

Helen Frances Rose

13. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
Pittsburgh Pa
Edwin F. Wright 66 Seneca Drive

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Bronchopneumoid, acute

DUE TO

2 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Arteriosclerotic Heart disease &
decompensation

DUE TO

2 yrs

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF

21E. INJURY OCCURRED

m. WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1951, to Sept 14, 1953, that I last saw the
deceased alive on Sept 14, 1953, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Sept 17 1953

Druid Ridge

Pikesville Md

RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 16 1953

Huntington Rd

Mary H. Amara

204 Ridgewood Ave

50/10 dunnare

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8310

Registered No.

53 8310

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Petens, Frances E.			2. DATE OF DEATH Sept. 14, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE		
5. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) PIKESVILLE		
c. Length of stay in Baltimore Yrs. 4 Mos. 12 Days			D. STREET ADDRESS (If rural, give location) 4002 BUCKINGHAM ROAD		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH July 4, 1884	9. AGE (In years, last birthday) 69	If Under 1 Year Months: 2 Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME GEORGE BAKER PETERS			14. MOTHER'S MAIDEN NAME Elizabeth Mowbray		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO.	17. INFORMANT Esta Robey (sister) ADDRESS 4002 Buckingham Rd. Pikesville, Md.		

18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of the Breast with generalized metastases.		CAUSE OF DEATH (A) DUE TO	INTERVAL BETWEEN ONSET AND DEATH 3 years
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO	
		(C) DUE TO	

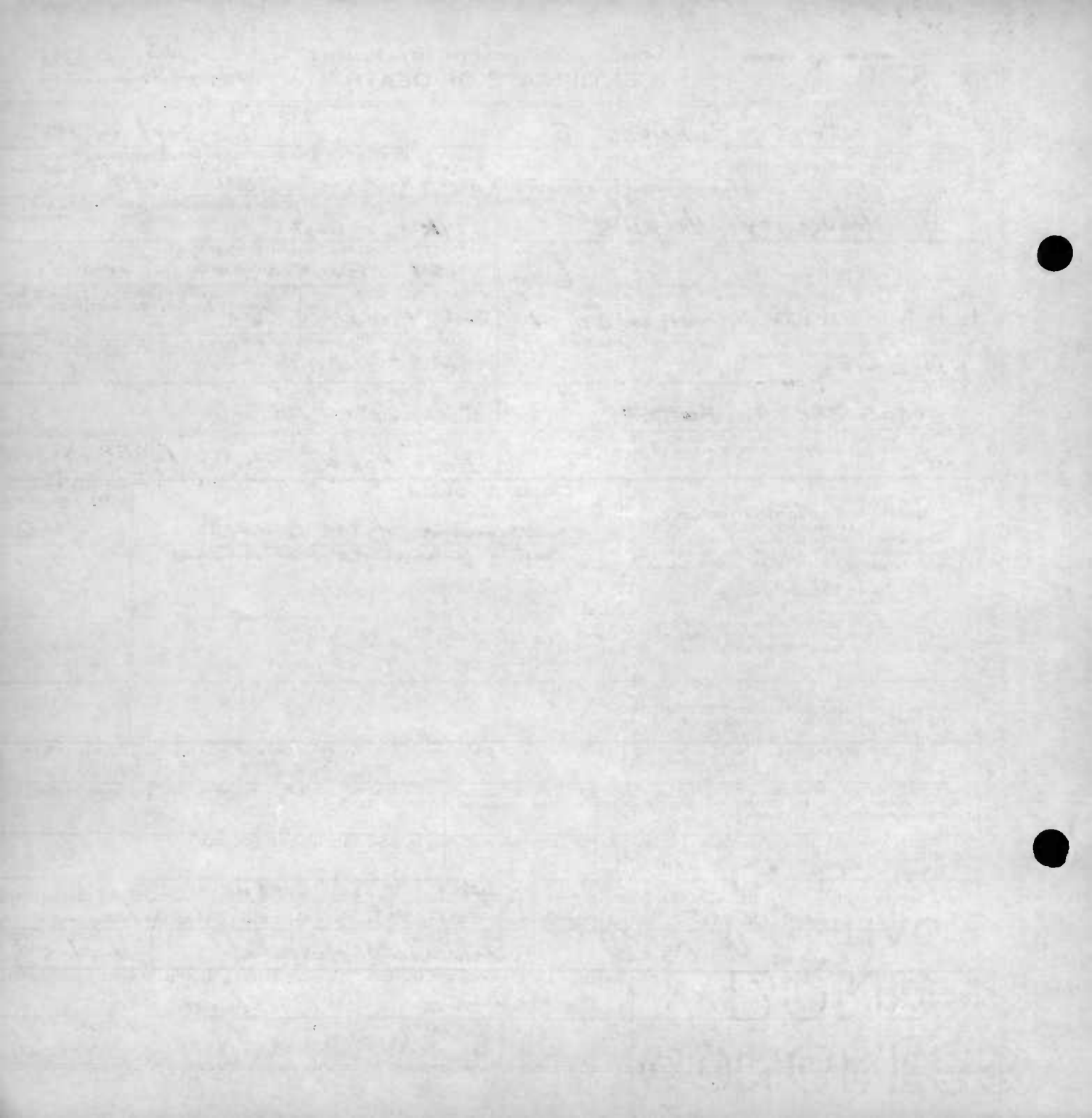
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION Sept 17	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Sept. 1**, 19**53**, to **Sept 14**, 19**53** that I last saw the deceased alive on **Sept. 14**, 19**53**, and that death occurred at **12:40** m., from the causes and on the date stated above.

23A. SIGNATURE **James L. Read** M. D. 23B. ADDRESS **University Hospital** 23C. DATE SIGNED **9-14-53**

24A. BURIAL, CREMATION, REMOVAL (Specify) Interment	24B. DATE Sept 17/1953	24C. NAME OF CEMETERY OR CREMATORY Lorraine	24D. LOCATION (City, town, or county) (State) Woodlawn Rd
DATE RECEIVED BY LOCAL REGISTRAR SEP 16 1953	REGISTRAR'S SIGNATURE Thurston Belland	25. FUNERAL DIRECTOR Wm. J. Varnum	ADDRESS 4204 Edgewood Ave



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 8311
Registered No.

53-8311
DEATH NO.

1. NAME OF DECEASED (Type or Print) Daniel Baker			2. DATE OF DEATH September 14, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE md. B. COUNTY md.		
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 14-03		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 2011 Madison Ave.		
5. SEX male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8-9-91	9. AGE (In years last birthday) 62	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Joseph Baker			14. MOTHER'S MAIDEN NAME Marie Mottles		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL		

18. 181X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES		(A) Congestive heart failure		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Arteriosclerotic heart disease		
		(C) Carcinoma of bladder with intestinal obstruction		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 9-11-53	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Carcinoma Bladder	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 8-24, 1953 to 9-14, 1953 that I last saw the deceased alive on 9-14, 1953 , and that death occurred at 11:05 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE C.E. Herrod	23B. ADDRESS JOHNS HOPKINS HOSPITAL	23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 9-18-53	24C. NAME OF CEMETERY OR CREMATORY Catholic Mount	24D. LOCATION (City, town, or county) (State) Baltimore Co. Md.
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Wm. J. Hunsley & Sons	ADDRESS 578 W. 78099

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

188

RECEIVED BY THE

Office of the

Secretary of the

Board of Directors

of the

City of

San Francisco

California

United States

of America

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-252

BALTIMORE CITY HEALTH DEPARTMENT

CACCAMISE

53 8312

53 8312

CERTIFICATE OF DEATH

Registered No.

NAME OF DECEASED
(Type or Print)

ISABELLA Salvatrice Caccamise

2. DATE
OF
DEATH

Sept. 15, 1953

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

3839 Park Heights Ave.,

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

15-12

D. STREET ADDRESS (If rural, give location)

3839 Park Heights Ave.,

Length of stay in Baltimore

SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

Yrs.
Mos.
Days

8. DATE OF BIRTH

Jan. 5, 1894

9. AGE (In years
last birthday)

59

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

Dressmaker

10B. KIND OF BUSINESS OR
INDUSTRY

Dress Shop

11. BIRTHPLACE (State or foreign country)

Cefalu, Italy

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

FATHER'S NAME

Nicolo Incaprera

14. MOTHER'S MAIDEN NAME

Thresa Culotta

WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

217-32-7663

17. INFORMANT

ADDRESS

Mrs. Mary D. Patti, 3839 Park Heights Ave.,

18. 199.9

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma, generalized

8 mo

DUE TO

ANTECEDENT CAUSES

(B)

Primary site unknown

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

None

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to Sept 15, 1953, that I last saw the
deceased alive on Sept 15, 1953, and that death occurred at 4:45 AM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

Sept. 19, 1953

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cemetery,

24D. LOCATION (City, town, or county)

Woodlawn, Balto. Co., Md.

25. RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

4611 Park Heights Av

69046

STATE OF NEW YORK
CERTIFICATE OF DEATH

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53 8213

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 8213

NAME OF DECEASED (Type or Print) **DR. HENRY Lyon SINSKEY.** 2. DATE OF DEATH **Sept. 15th 1953.**

PLACE OF DEATH: **Baltimore City, Maryland** 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE **Maryland** B. COUNTY _____
FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR **Union Memorial Hospital.** C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 16. 15-38

Length of stay in Baltimore **Life** Yrs. _____ Mos. _____ Days _____
D. STREET ADDRESS (If rural, give location)
3000 Hulton Street.

SEX **M** 6. COLOR OR RACE **W** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **M** 8. DATE OF BIRTH **Nov. 4 1886** 9. AGE (In years last birthday) **66** If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) **Physician** 10a. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) **Maryland.** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

FATHER'S NAME **Albert Sinskey** 14. MOTHER'S MAIDEN NAME **Sara Caplan**

WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) **Unknown** 16. SOCIAL SECURITY NO. _____ 17. INFORMANT **Mrs. Henry Sinskey - 3000 Hulton St** ADDRESS _____

1B. **331X** CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) **Cerebro-vascular accident.** 3 hours.
DUE TO

ANTECEDENT CAUSES (B) _____
DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **0** 19B. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.) _____ 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____ 21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK 21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Sept. 14th, 1952, to Sept. 15th, 1953**, that I last saw the deceased alive on **Sept. 15th, 1953**, and that death occurred at **1 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE **H. M. Rowson.** M. D. 23B. ADDRESS **Union Memorial Hospital.** 23C. DATE SIGNED **Sept. 15th 1953.**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **9/17/53** 24C. NAME OF CEMETERY OR CREMATORY **Chesapeake Wm. Co.** 24D. LOCATION (City, town, or county) (State) **Baltimore, Md**

TE RECEIVED BY CAL REGISTRAR _____ REGISTRAR'S SIGNATURE _____ 25. FUNERAL DIRECTOR **Sam. J. ...** ADDRESS **9/24-1124-26 W. North Ave**

VS 150 07585

CERTIFICATE OF DEATH

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

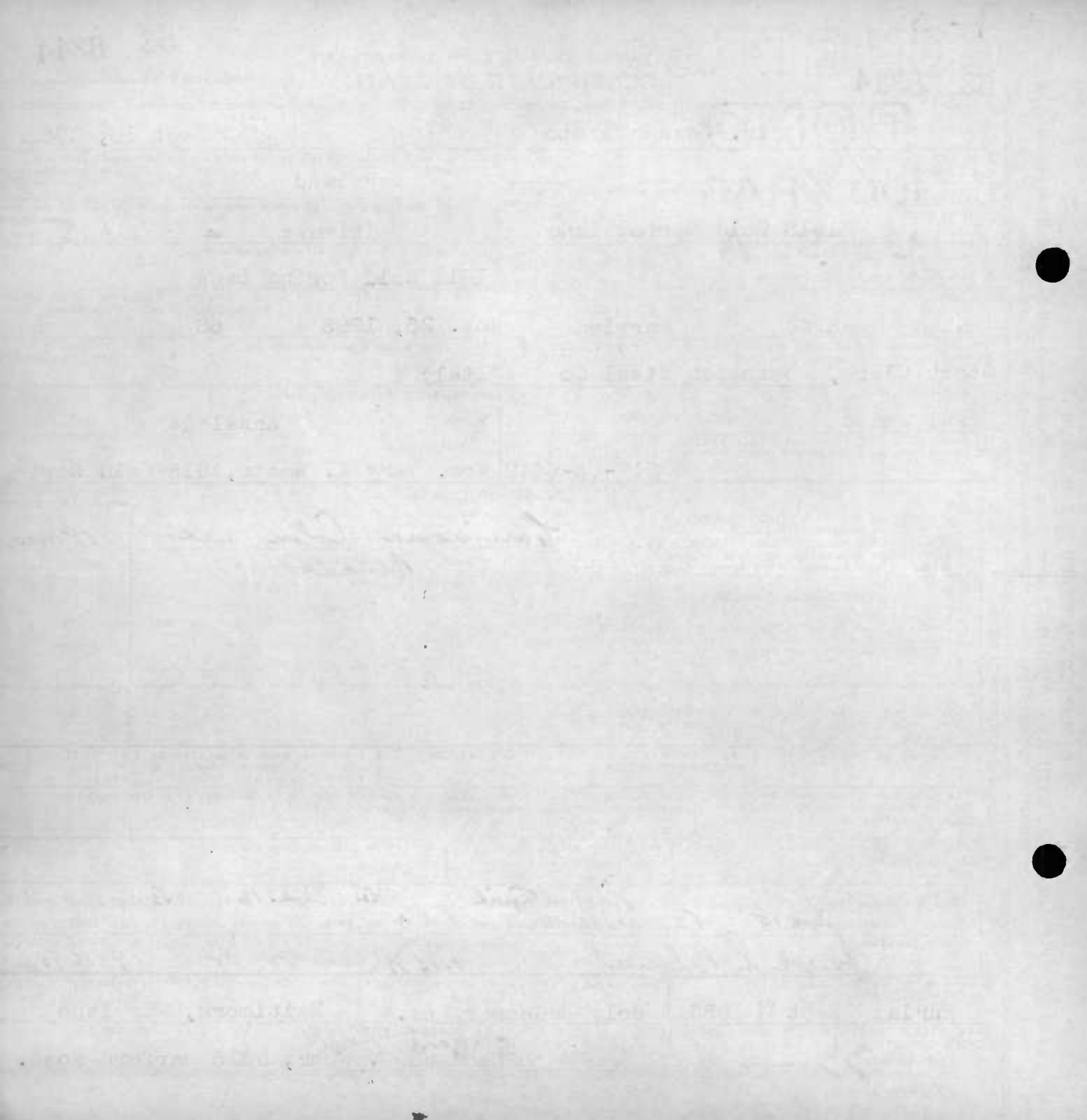
Registered No.

53 8314

53 8314
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mr. Joseph Amato			2. DATE OF DEATH Sept 16, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1615 Cold Spring Lane			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-15		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1615 Cold Spring Lane		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 25, 1885	9. AGE (In years last birthday) 68	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock Clerk, Bethlehem Steel Co			11. BIRTHPLACE (State or foreign country) Italy		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Paul Amato			14. MOTHER'S MAIDEN NAME Anzalone		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 217-05-6442	17. INFORMANT ADDRESS Mrs. Mary A. Amato, 1615 Cold Spring		
18. 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma Colon and Bladder DUE TO			INTERVAL BETWEEN ONSET AND DEATH 18mo.		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 9		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept 15 , 19 53 , to Sept. 16 , 19 53 , that I last saw the deceased alive on Sept 15 , 19 53 , and that death occurred at 2 A. m., from the causes and on the date stated above.					
23A. SIGNATURE Joseph S. Blum		23B. ADDRESS 1115 N. Calver St		23C. DATE SIGNED 9/16/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sept 19 1953		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		25. FUNERAL DIRECTOR Leonard J. Ruck, 5305 Harford Road.			
DATE RECEIVED BY LOCAL REGISTRAR SEP 16 1953		REGISTRAR'S SIGNATURE VS 150			

3903A



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 831553 8315
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Alice R. Shanklin		2. DATE OF DEATH 9/13/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Harford	
B. FULL NAME OF HOSPITAL OR INSTITUTION 5409 Morello Road		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 5409 Morrello Road	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3/13, 1879
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years, last birthday) 74
13. FATHER'S NAME John Hall		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
12. CITIZEN OF WHAT COUNTRY?		14. MOTHER'S MAIDEN NAME Juliet Payne Richardson	
17. INFORMANT Thomas E. Shanklin		ADDRESS 5409 Morrello Rd	

18. 451X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Broncho-Pneumonia DUE TO Sensitivity DUE TO Broncho-Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 4 days 2 years 3
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION none		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 10 19 52 to 9-13 , 19 53 , that I last saw the deceased alive on 8-12 , 19 53 , and that death occurred at 8:00 A.M. , from the causes and on the date stated above.							
23A. SIGNATURE E. Bondy		23B. ADDRESS 5706 Bayfield Rd		23C. DATE SIGNED 9-15-53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9/16/53		24C. NAME OF CEMETERY OR CREMATORY Parkwood		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR SEP 16 1953		REGISTRAR'S SIGNATURE Harford		25. FUNERAL DIRECTOR Leonard Ruck		ADDRESS 5305 Harford Road	

8 May 1968
- 8
90106

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 8316
Registered No. _____

NAME OF DECEASED (Type or Print)		Umberto Marani		2. DATE OF DEATH Sept. 16, 1953	
PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		B. COUNTY	
FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) St. Joseph's Hospital		C. CITY OR TOWN Baltimore		27-44	
D. STREET ADDRESS (If rural, give location) 5701 Winthrop Avenue - 6		8. DATE OF BIRTH April 11-1887		9. AGE (in years last birthday) 66	
10. BIRTHPLACE (State or foreign country) Italy		12. CITIZEN OF WHAT COUNTRY? ITALY		14. MOTHER'S MAIDEN NAME 2.	
16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Esther Marani		ADDRESS 5701 Winthrop Ave	
18. 332X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH			
19. 332X DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Bronchio pneumonia		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. DATE OF OPERATION		21B. MAJOR FINDINGS OF OPERATION		22. I hereby certify that I attended the deceased from Sept. 15, 1953, to Sept. 16, 1953, that I last saw the deceased alive on Sept. 16, 1953, and that death occurred at 1:05 a.m., from the causes and on the date stated above.	
23A. SIGNATURE R. Corvelli		23B. ADDRESS 1400 N. Caroline Street - 13		23C. DATE SIGNED Sept. 16, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sept. 19-1953		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemen	
24D. LOCATION (City, town, or county) BALTIMORE Md		24E. FUNERAL DIRECTOR Leonard Ruck		24F. ADDRESS 5305 Harford	

STATE OF NEW YORK
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF ENTRY

PLACE OF ENTRY

DATE OF DEPARTURE

PLACE OF DEPARTURE

DATE OF RETURN

PLACE OF RETURN

DATE OF DEATH

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DATE OF DEATH

PLACE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3-6556
MAR-174501BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8317

BIRTH NO. 53 8317

1. NAME OF DECEASED
(Type or Print)

John J. Brunner

2. DATE
OF DEATH Sept. 14, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTY before admission)B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTION location)
Baltimore City Hospitals
4940 Eastern Ave.C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1702 Homestead St. zone 18

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

May 2, 1882

9. AGE (In years
last birthday)

71

If Under 1 Year

Months: Days Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clerk (Retired)

10B. KIND OF BUSINESS OR
INDUSTRY

Printing office

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF

WHAT COUNTRY?

13. FATHER'S NAME

Joseph Brunner (d)

14. MOTHER'S MAIDEN NAME

Margaret Hohman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL
SECURITY NO.

216-01-3925 A

17. INFORMANT

ADDRESS

B. C. H. 4940 Eastern Ave. (records)

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hemorrhage from Left Middle Cerebral

DUE TO Artery

ANTECEDENT CAUSES

(B) Arteriosclerotic Cardio-Vascular

DUE TO Disease

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-11, 1953 to 9-14, 1953 that I last saw the
deceased alive on 9-14, 1953, and that death occurred at 4:35 AM, from the causes and on the date stated above.

23A. SIGNATURE

H. J. Brunner

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

9-14-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)Burial
DATE RECEIVED BY
LOCAL REGISTRAR

24B. DATE

9-17-53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county) (State)

Belair Rd., Balto Md

REGISTRAR'S SIGNATURE

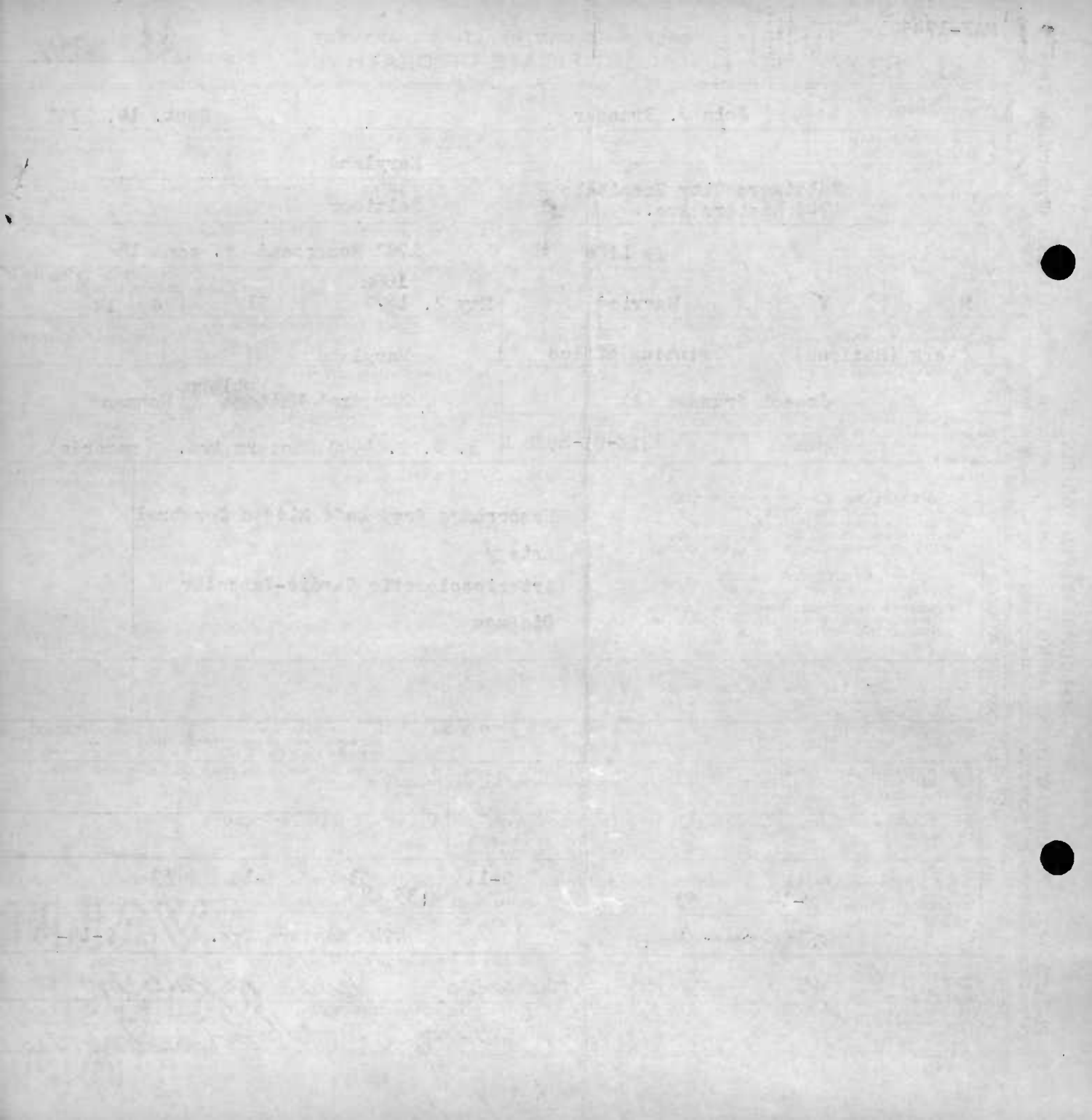
Huntington

25. FUNERAL DIRECTOR

George J. Roth Inc-1735

ADDRESS

Hawford Ave



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8318
Registered No.

8-623
BIRTH NO. 53 8318

1. NAME OF DECEASED (Type or Print) <i>MARIE WHITE PRESSTMAN</i>			2. DATE OF DEATH <i>Sept 15 / 53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Ind.</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>3911 Canterbury Rd</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 12-01</i>		
c. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>3911 Canterbury Rd</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Apr 16 / 1887</i>	9. AGE (In years, last birthday) <i>66</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Lawyer and Movie Censor</i>			11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>Benjamin C. Presstman</i>			14. MOTHER'S MAIDEN NAME <i>Matilda Hooper</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Louise R Presstman</i>			ADDRESS <i>Same</i>		

18. <i>170X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma of breast</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) (C)	CAUSE OF DEATH <i>Carcinoma of breast</i> INTERVAL BETWEEN ONSET AND DEATH <i>12 1/2 yrs</i>
---	---

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.			
19A. DATE OF OPERATION <i>Apr. 20 1951</i>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <i>Carcinoma, breast</i>	IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from <i>Apr. 20</i> , 1951 to <i>15 Sept.</i> , 1953, that I last saw the deceased alive on <i>Sept. 15, 1953</i> and that death occurred at <i>7 p.</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>I. Ridgeway Trimble</i>		23B. ADDRESS <i>8 W. Madison St.</i>	23C. DATE SIGNED <i>15 Sept. 1953</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>17 Sept. 1953</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Greenmount</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 16 1953</i>		REGISTRAR'S SIGNATURE <i>Huntigton</i>	25. FUNERAL DIRECTOR <i>W. H. ...</i>
ADDRESS <i>4905 York Rd.</i>			

8000 80

8000 80

5-163

8319

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53 8319

1. NAME OF DECEASED (Type or Print) <u>George Gephardt</u>		2. DATE OF DEATH <u>Sept 15-1953</u>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>md</u> b. COUNTY <u>26-01</u>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>5700. Radack Ave</u> <u>35- Yrs. Mos. Days</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto.</u>	
6. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) <u>5700. Radack Ave</u>	
7. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan 24. 1882</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN Farm</u>	9. AGE (In years last birthday) <u>71</u>
3. FATHER'S NAME <u>Geo. Gephardt</u>		11. BIRTHPLACE (State or foreign country) <u>Germany</u>	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>NO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
16. SOCIAL SECURITY NO. <u>213-03-5829</u>		14. MOTHER'S MAIDEN NAME <u>—</u>	
17. INFORMANT <u>Mrs. Geo. Gephardt</u>		ADDRESS <u>5700 Radack Ave</u>	
18. <u>421.4</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Valvular Heart disease</u> DUE TO (A) <u>Valvular Heart disease</u> (B) <u>—</u> (C) <u>—</u> INTERVAL BETWEEN ONSET AND DEATH <u>4/5/53</u> <u>7/15/53</u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION <u>0</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21d. TIME (Month) (Day) (Year) (Hour) INJURY	
21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>July 15, 1952</u> , to <u>Sept 15, 1953</u> , that I last saw the deceased alive on <u>July 14, 1953</u> , and that death occurred at <u>11 A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Robert T. Fisher</u> M. D.		23b. ADDRESS <u>5442 Belair Rd.</u>	
23c. DATE SIGNED <u>9/16/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/19/53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Holy Redeemer Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Balto</u> <u>md</u>	
25. FUNERAL DIRECTOR <u>Ladahn Funeral Home</u>		ADDRESS <u>7401 Belair Rd</u>	

10010

3422 Belair Rd.

-530

53 8320

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8320

TH NO.

NAME OF DECEASED
(Print)

John Smith

2. DATE
OF
DEATH

9-13-53

PLACE OF DEATH:
Baltimore City, MarylandFULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1029 Somerset St.

Yrs.
Mos.
Days

Length of stay in Baltimore

12 yrs.

SEX
6. COLOR OR RACE

Male Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

USUAL OCCUPATION (Give kind of
one during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Unknown

FATHER'S NAME

Unknown

WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

Unknown

16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 10-01

D. STREET ADDRESS (If rural, give location)

1029 Somerset St.

8. DATE OF BIRTH

3-1875

9. AGE (in years
last birthday)

78

If Under 1 Year
Months Days Hours Min.

11. BIRTHPLACE (State or foreign country)

Opalaka Ala.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Unknown

WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

Unknown

16. SOCIAL
SECURITY NO.

Per. Baskerville 1029 Somerset St.

B. 151X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma of Stomach

DUE TO

1 yr.

ANTECEDENT CAUSES

(B)

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to 9-13, 1953; that I last saw the
deceased alive on 9-10, 1953, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

E. E. Burrell

M. D.

23B. ADDRESS

620 Cispeth St

23C. DATE SIGNED

9/15/53

24. BURIAL, CREMA-
TION (Specify)

24B. DATE

9-16-1953

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem. Baltimore Md.

24D. LOCATION (City, town, or county)

(State)

25. RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Randolph J. Collick 1412 E. Preston St.

BATHING DIV. HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1910

1910

1910

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1910

-242
8321BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8321

TH NO.

NAME OF DECEASED
(Last, first, middle or Print)

Mrs Mary Kozlowski

2. DATE
OF
DEATH

9/15/53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

Bon Secours Hosp

Length of stay in Baltimore

50 yrs

Yrs.
Mos.
Days

SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

USUAL OCCUPATION (Give kind of
one during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR
INDUSTRY

FATHER'S NAME

Kucicki

WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

14. MOTHER'S MAIDEN NAME

17. INFORMANT

ADDRESS

Raymond J Kozlowski 1922 Hollenwood Road

8. 156.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma of the liver

3 wks

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Atherosclerosis Cardiovascular Disease

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/12, 1953, to 9/15, 1953, that I last saw the
deceased alive on 9/15, 1953, and that death occurred at 10 A m., from the causes and on the date stated above.

23a. SIGNATURE

Robert L. Levine

M. D.

23b. ADDRESS

Bon Secours Hosp

23c. DATE SIGNED

9/15/53

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

25a. RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25b. FUNERAL DIRECTOR

ADDRESS

SEP 16 1953

Trenton, NJ

Fred W. Ozyanski

1930 1/2 Western Ave

VS 150

M-420

8322

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8322

TH NO.

NAME OF DECEASED
(Please Print)

Lillian L. Mills

2. DATE
OF
DEATH

9/15/53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

MERY HOSP.

HOSPITAL OR

INSTITUTION

Length of stay in Baltimore

33

Yrs.
Mos.
Days

SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

M

USUAL OCCUPATION (Give kind of
one during most of working life even if retired)

ST. WIFE

10B. KIND OF BUSINESS OR
INDUSTRY

FATHER'S NAME

Arch McCoy

DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

NONE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE B. COUNTY
2275 STRICKLER ST.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALT. MD. 19-03

D. STREET ADDRESS (If rural, give location)

2275 STRICKLER ST

8. DATE OF BIRTH

12-10-1891

9. AGE (in years
last birthday)

61

11. Under 1 Year

Months: Days

12. Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

CUMBERLAND MD

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

JULIA

13. INFORMANT

SAMUEL MILLS 2275 STRICKLER ST

ADDRESS

8. 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

DUE TO

(A) ANTERIOR MYOCARDIAL
INFARCTION

12 HOURS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) DIABETES MELLITUS

(7 YEARS)

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

9A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 8/28, 1952, to 9/15, 1953, that I last saw the
deceased alive on 2 45 PM 9/15 1953 and that death occurred at 2 45 PM., from the causes and on the date stated above.

23A. SIGNATURE

William G. Gurnard, D.

23B. ADDRESS

Mery Hosp.

23C. DATE SIGNED

9/15/53

24A. FUNERAL, CREMA-
TION, REMOVAL (Specify)

FUNERAL

24B. DATE

9-18-1953

24C. NAME OF CEMETERY OR CREMATORY

MEADOW RIDGE CEM.

24D. LOCATION (City, town, or county)

md

(State)

25. RECEIVED BY

HEALTH REGISTRAR

REGISTRAR'S SIGNATURE

Thurston B. Williams

26. FUNERAL DIRECTOR

B. M. Walters

ADDRESS

Pratt & Stricker

VS 150

8825

CERTIFICATE OF DEATH
BATHING AND HEALTH DEPARTMENT

[Faint, illegible text and markings are visible throughout the form, including what appears to be a date '11/11' and various handwritten notations.]

455
8323

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8323

TH NO.

NAME OF DECEASED
(or Print)

Michael L. Fleming

2. DATE
OF
DEATH

9/14/53

PLACE OF DEATH:

Baltimore City, Maryland 1428 Riverside

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, give RURAL and give township)
Baltimore md 4-03

Length of stay in Baltimore

65

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1428 Riverside Ave

5. COLOR OR RACE

W. H.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

2/10/1864

9. AGE (In years last birthday)

89

USUAL OCCUPATION (Give kind of one during most of working life, even if retired)

sales manager

10B. KIND OF BUSINESS OR INDUSTRY

B & O R.R.

11. BIRTHPLACE (State or foreign country)

West Virginia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

FATHER'S NAME

Not Known

14. MOTHER'S MAIDEN NAME

Not Known

WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs M L Fleming Same

8. 154X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Rectum

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from May, 1948 to Apr, 1953, that I last saw the deceased alive on April 12, 1953, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Denis J. McGrath M.D.

23B. ADDRESS

1 E. Randall Dr.

23C. DATE SIGNED

9/15/53

24. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

9/17/53

Catholic Old Frederick Rd

RECEIVED BY REGISTAR

REGISTAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 16 1953

J J Foley & Sons

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

TO : DIRECTOR, FBI (100-374301)
FROM : SAC, NEW YORK (100-100000)
SUBJECT: [Illegible]
RE: [Illegible]

ADMINISTRATIVE

DATE OF REPORT: 10/1/54
BY: [Illegible]

REPORT MADE AT: NEW YORK
REPORT MADE ON: [Illegible]

PERIOD FOR WHICH MADE: [Illegible]

CHARACTER OF CASE: [Illegible]

SYNOPSIS: [Illegible]

DETAILS: [Illegible]

REFERENCE: [Illegible]

REMARKS: [Illegible]

1. [Illegible]	2. [Illegible]	3. [Illegible]
4. [Illegible]	5. [Illegible]	6. [Illegible]
7. [Illegible]	8. [Illegible]	9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

13. [Illegible]

14. [Illegible]

15. [Illegible]

16. [Illegible]

17. [Illegible]

18. [Illegible]

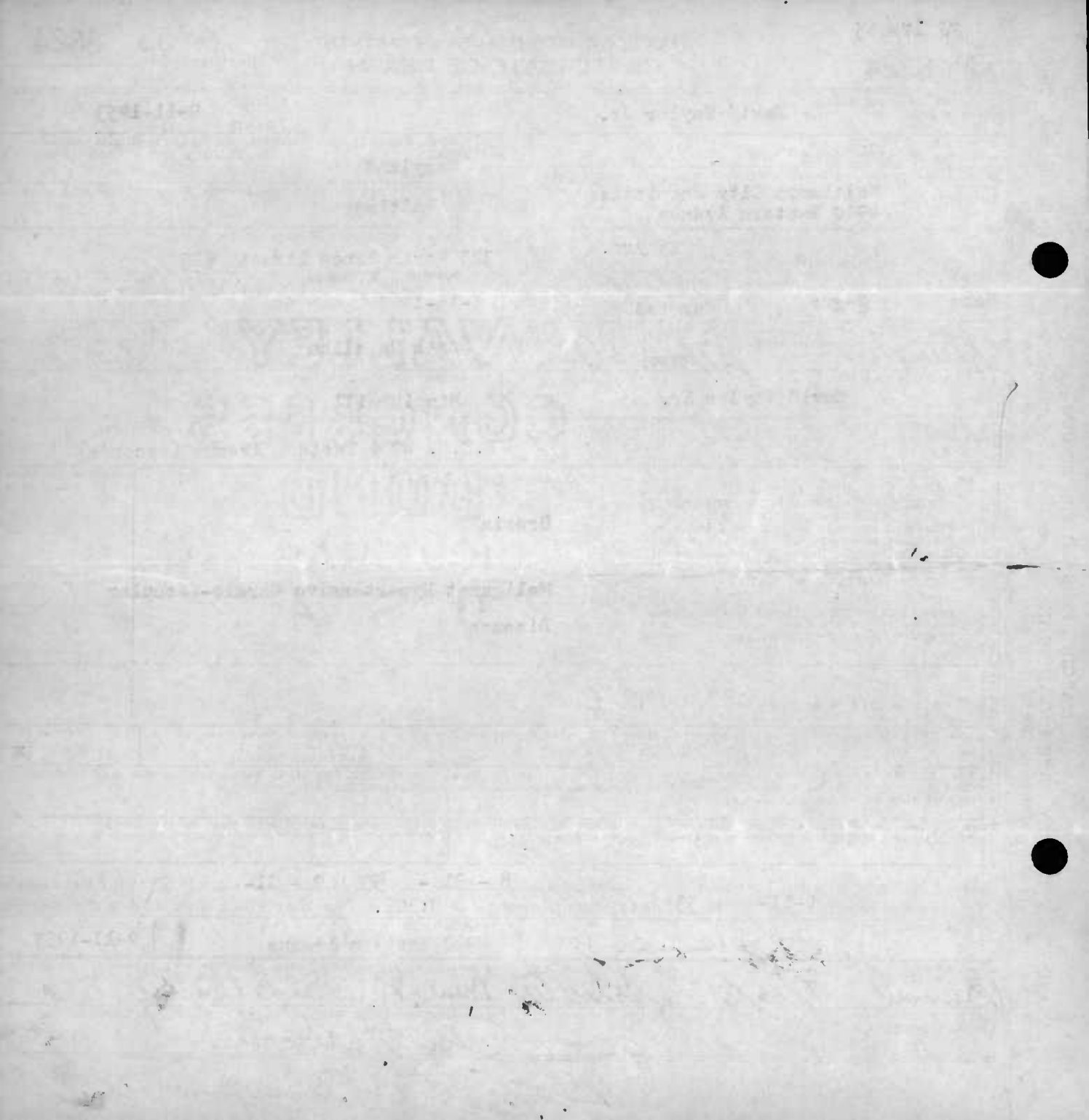
19. [Illegible]

20. [Illegible]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8324
Registered No.

1. NAME OF DECEASED (Type or Print) David Taylor Jr.		2. DATE OF DEATH 9-11-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 25 yrs.		D. STREET ADDRESS (If rural, give location) 323 North Bruce Street #23	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5-15-1903
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stevectore		10B. KIND OF BUSINESS OR INDUSTRY Steamship	9. AGE (In years last birthday) 50
13. FATHER'S NAME David Taylor Sr.		11. BIRTHPLACE (State or foreign country) North Carolina	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 218-18-6683	
14. MOTHER'S MAIDEN NAME Minnie Hill		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 218-18-6683	
17. INFORMANT B.C.H. 4940 Eastern Avenue (records)		ADDRESS	
18. 441 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Malignant Hypertensive Cardio-Vascular Disease DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 9-11-53	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8-31-1953 , to 9-11-1953 that I last saw the deceased alive on 9-11-1953 , and that death occurred at 8:20 P.M. , from the causes and on the date stated above.			
23A. SIGNATURE H. J. L. M.		23B. ADDRESS 4940 Eastern Avenue	23C. DATE SIGNED 9-11-1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 9/16/53	24C. NAME OF CEMETERY OR CREMATORY Arboretus Memorial	24D. LOCATION (City, town, or county) (State) Baltimore County Md
DATE RECEIVED BY LOCAL REGISTRAR SEP 16 1953	REGISTRAR'S SIGNATURE Thurston	25. FUNERAL DIRECTOR Charles H. Cooper	

94055 512 Carverton



R-160
8325BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8325
Registered No.

NAME OF DECEASED (Type or Print) <i>Daniel V. Kaner</i>		2. DATE OF DEATH <i>Sept 14/53 6 P.M.</i>	
PLACE OF DEATH: Baltimore City, Maryland <i>2812 Montebello Terrace</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
FULL NAME OF (If not in hospital or institution, give street address or location) <i>2812 Montebello Terrace</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-02</i>	
Length of stay in Baltimore <i>Life</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>2812 Montebello Terrace</i>	
SEX <i>M.</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W.</i>	8. DATE OF BIRTH <i>Dec 23, 1865</i>
A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>conductor Penna R.R.</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years; last birthday) <i>87</i>
FATHER'S NAME <i>John Kaner</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore Co. Md.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Montebello</i> <i>Miss Alfred Fischer 2812</i>
18. <i>420.1</i>		CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Coronary Occlusion</i> immediately	
ANTECEDENT CAUSES		(B) <i>Chronic myocarditis</i> 5 years	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) <i>General Arteriosclerosis</i> 10 years	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>none</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <i>no</i>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>9-14</i> <i>1953</i> , to <i>9-14</i> <i>1953</i> , that I last saw the deceased alive on <i>July 30</i> , <i>1953</i> , and that death occurred at <i>5:00</i> <i>P.M.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>L. L. Sordby</i>		23B. ADDRESS <i>5106 Harford Rd</i>	
23C. DATE SIGNED <i>9-15-53</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Sept 17/53</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Greenmount</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>	
25. FUNERAL DIRECTOR <i>Loring Byers</i>		ADDRESS <i>5805 Park Heights Ave</i>	

5106 Hartford Road

53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 8326**

P-264 8326 BIRTH NO.			
1. NAME OF DECEASED (Type or Print) JOHN JOSEPH PASSARELLA		2. DATE OF DEATH September 15, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore life		D. STREET ADDRESS (If rural, give location) 708 N. Lakewood Avenue	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 1, 1926
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat Packer		10B. KIND OF BUSINESS OR INDUSTRY Albert Goetze	9. AGE (In years last birthday) 26
13. FATHER'S NAME Angelo Passarella		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes		16. SOCIAL SECURITY NO. 220-20-2599	
17. INFORMANT Shirley Stecker Passarella, wife, above		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary occlusion DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		14. MOTHER'S MAIDEN NAME Libra Cimaglia	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB. UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE <i>William V. [Signature]</i>		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....	
23C. DATE SIGNED Sept. 15, 1953			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sept. 18, 1953	
24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR SEP 16 1953		REGISTRAR'S SIGNATURE <i>[Signature]</i>	
25 FUNERAL DIRECTOR Schimunek Funeral Home, Inc.		ADDRESS 2601 1/2 - 5 - E. Madison St.	

[Faint, mostly illegible text covering the majority of the page, appearing to be a document or report.]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8327 Registered No. 53 8327

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Harvey D. Moore

2. DATE
OF
DEATH

9-16-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Univ. Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

Kent

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Betterton

D. STREET ADDRESS (If rural, give location)

6400

c. Length of stay in Baltimore

life

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Retired

8. DATE OF BIRTH

7-4-79

9. AGE (In years, last birthday)

64

10. Under 1 Year

11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Retired

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George

14. MOTHER'S MAIDEN NAME

Lillian Brice

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary occlusion

INTERVAL BETWEEN ONSET AND DEATH

Approx.

3.0 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Retro pubic Prostatectomy

19A. DATE OF OPERATION

9-14-53

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

Prostatic enlargement

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., if or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-10-1953 to 9-16-53, that I last saw the deceased alive on 9-16-1953, and that death occurred at 9:45 am., from the causes and on the date stated above.

23A. SIGNATURE

Lewis C. Richmond, M. D.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

9-16-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Sept 19, 1953

24C. NAME OF CEMETERY OR CREMATORY

Still Pond Cemetery

24D. LOCATION (City, town, or county)

Still Pond, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurman G. Williams

25. FUNERAL DIRECTOR

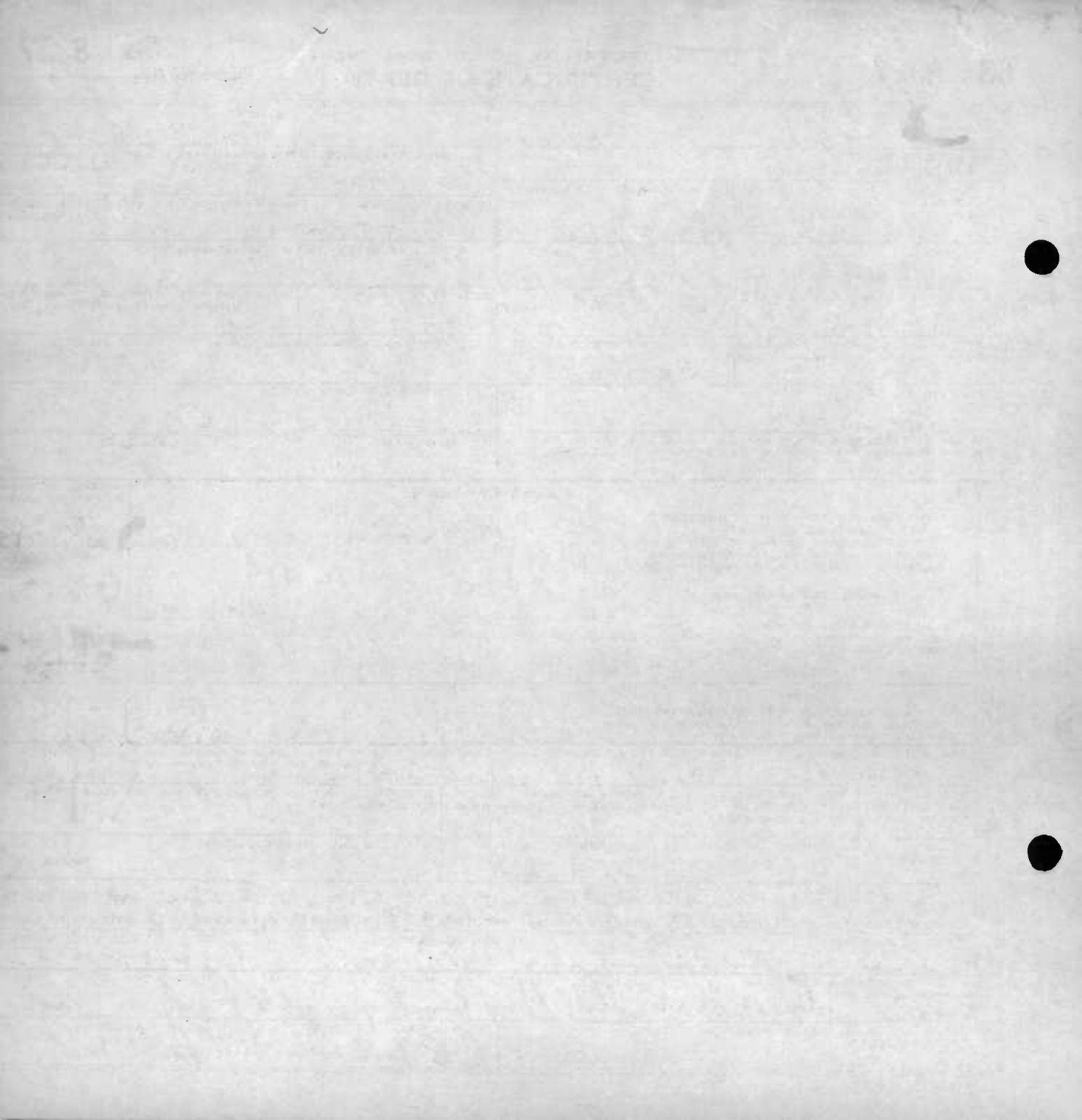
B. B. Fullinwider

ADDRESS

Still Pond, Md.

VS 150

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1-220				CERTIFICATE CORRECTED 10-1-53 ES			
8328				BALTIMORE CITY HEALTH DEPARTMENT			
TH NO.				8328			
NAME OF DECEASED (Last, first, middle or Print)				2. DATE OF DEATH			
Mr. Samuel M Hughes				Sept 15, 1953			
PLACE OF DEATH: Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
FULL NAME OF (If not in hospital or institution, give street address or location)				A. STATE Maryland			
Church Home and Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-05			
Years of stay in Baltimore 11 yrs				D. STREET ADDRESS (If rural, give location) 407 N. Broadway			
6. COLOR OR RACE W				8. DATE OF BIRTH 1909			
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married				9. AGE (In years last birthday) 46 4/4			
USUAL OCCUPATION (Give kind of one during most of working life, even if retired) Machinist				11. BIRTHPLACE (State or foreign country) North Carolina			
FATHER'S NAME Mr. Samuel H Hughes				12. CITIZEN OF WHAT COUNTRY? USA			
10. KIND OF BUSINESS OR INDUSTRY				14. MOTHER'S MAIDEN NAME Lexie Mauney			
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)				17. INFORMANT ADDRESS Above			
16. SOCIAL SECURITY NO. 218-18-0744							
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)				CAUSE OF DEATH			
Acute myocardial infarction				INTERVAL BETWEEN ONSET AND DEATH 1 hour			
(A) PULMONARY EMBOLUS				13 MINS.			
DUE TO CORONARY ARTERIOSCLEROSIS							
19. ANTECEDENT CAUSES							
(B) PHLEBOTROMBOSIS - RIGHT LEG				14 days			
DUE TO CHRONIC OSTEOMYELITIS - RIGHT TIBIA				16 yrs			
(C) 18 YRS							
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION 9/10/53				19B. MAJOR FINDINGS OF OPERATION Chr. osteomyelitis of r. tibia			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH				21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				21D. TIME (Month) (Day) (Year) (Hour)			
21E. INJURY OCCURRED WHILE AT WORK OR NOT WHILE AT WORK				21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 19, 1953, to Sept 15, 1953, that I last saw the deceased alive on Sept 15, 1953, and that death occurred at 3:20 P.m., from the causes and on the date stated above.							
23A. SIGNATURE W. Reed Carroll M. D.				23B. ADDRESS Church Home and Hospital			
23C. DATE SIGNED 9/15/53							
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal				24B. DATE 9/16/53			
24C. NAME OF CEMETERY OR CREMATORY Murphy				24D. LOCATION (City, town, or county) (State) Murphy, North Carolina			
25. FUNERAL DIRECTOR				ADDRESS			
Wm S. B. 206, Inc., 1217 St. Paul St							
VS 150				5443D			

There is filed in Document file a duplicate of this original death certificate on the reverse side of which is the following statement:

"This is duplicate of original death certificate except for correction of age and cause of death. At autopsy it was app that myocardial infarction rather than pulmonary embolus was terminal event"

(signed) H. Reed Carroll, M.D.

The corrections on the face of this certificate are made from the duplicate
E. Steman 10

-630

8329

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8329

TH NO.

NAME OF DECEASED
(In full or Print)

CHARLES BYRD

2. DATE OF DEATH

Sept 16, 1953

PLACE OF DEATH:

Baltimore City, Maryland

3. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)

1614 Regg Ave

4. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission)

A. STATE Md.

B. COUNTY

5. CAPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write FULL and give township)

Baltimore

16-03

6. Length of stay in Baltimore

45 yrs

Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)

1614 Regg Ave

7. SEX

male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

1896

9. AGE (In years last birthday)

56

10. If Under 1 Year Months: Days

11. If Under 24 Hours Hours: Min.

11. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired)

Laborer

12. KIND OF BUSINESS OR INDUSTRY

Contractor

13. BIRTHPLACE (State or foreign country)

?

14. CITIZEN OF WHAT COUNTRY?

15. FATHER'S NAME

?

16. MOTHER'S MAIDEN NAME

?

17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

18. SOCIAL SECURITY NO.

19. INFORMANT

ADDRESS

20. 331X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cerebral Hemorrhage
(C) Hypertension

3 years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

21. DATE OF OPERATION

22. MAJOR FINDINGS OF OPERATION

23. AUTOPSY?
YES ☐ NO ☐

24. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

25. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

26. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

27. TIME (Month) (Day) (Year) (Hour)

28. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

29. HOW DID INJURY OCCUR?

30. I hereby certify that I attended the deceased from 1950, 1950, to Sept 16, 1953, that I last saw the deceased alive on June, 1953, and that death occurred at 3 A. m., from the causes and on the date stated above.

31. SIGNATURE

Douglas Shepperd

32. ADDRESS

604 N. Fulton Ave

33. DATE SIGNED

9/16/53

34. BURIAL, CREMATION, REMOVAL (Specify)

35. DATE

36. NAME OF CEMETERY OR CREMATORY

37. LOCATION (City, town, or county) (State)

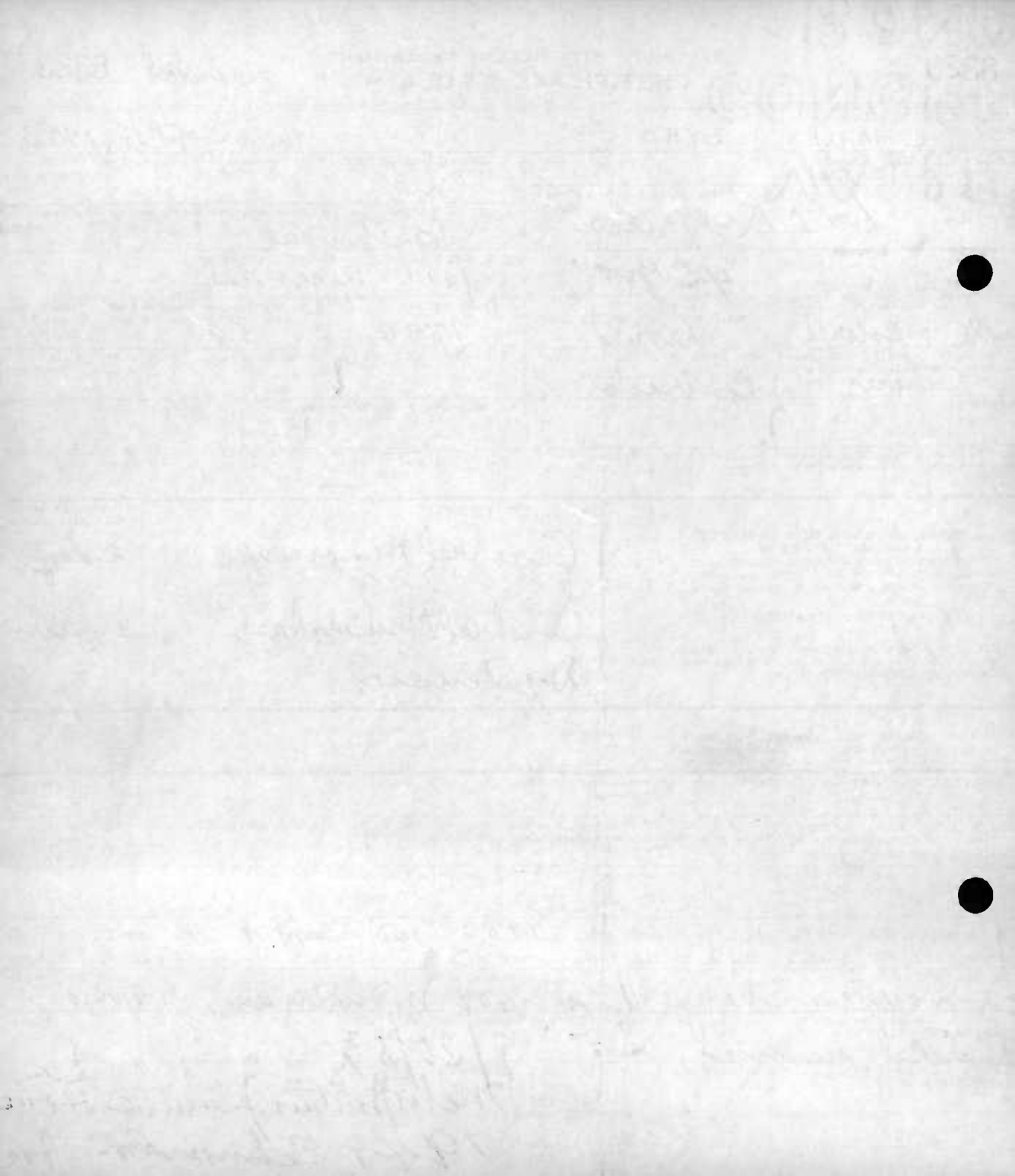
38. RECEIVED BY

39. REGISTRAR'S SIGNATURE

40. FUNERAL DIRECTOR

41. ADDRESS

970241949 Edmondson Ave



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8330

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN

THOMPSON

2. DATE
OF
DEATH

September 14, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

Yrs.
Mos.
Days

c. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

227 E. Heath Street

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W.

8. DATE OF BIRTH

5-24-05

9. AGE (in years
last birthday)

68

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR
INDUSTRY

Self

11. BIRTHPLACE (State or foreign country)

Baltic

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William

14. MOTHER'S MAIDEN NAME

Elizabeth

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, none unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Family - SAME

18. 581.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Fatty metamorphosis of the liver

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Chronic alcoholism

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Joseph G. Jashinsky

23B. CHIEF MEDICAL EXAMINER.....
M.D. ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Sept. 14, 1953

24A. BURIAL, REMA-
TION, REMOVAL (Specify)

24B. DATE

9-17-53

24C. NAME OF CEMETERY OR CREMATORY

Blen Haven

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

js

97099

130 E. FORT ST.

CERTIFICATE OF DEATH

1. Name of deceased
2. Age
3. Sex
4. Race
5. Date of death
6. Place of death
7. Cause of death
8. Signature of physician
9. Signature of registrar

10. Date of burial
11. Place of burial
12. Signature of undertaker
13. Signature of registrar

M-200
53 8331BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8331

BIRTH NO.			
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
HERMAN MOOG		September 14, 1953	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		c. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore 25-04	
c. Length of stay in Baltimore Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 4101 Eighth Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH 1-18-97
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock Clerk		10b. KIND OF BUSINESS OR INDUSTRY Hosiery Buss	9. AGE (In years last birthday) 56
13. FATHER'S NAME Friederick		11. BIRTHPLACE (State or foreign country) Baltic	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes		12. CITIZEN OF WHAT COUNTRY? U. S.	
16. SOCIAL SECURITY NO. 443X		14. MOTHER'S MAIDEN NAME Mary	
17. INFORMANT Family - Same		ADDRESS	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease (A) XXXXX ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Fatty metamorphosis of the liver (B) (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an <u>Partial Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23a. SIGNATURE Joseph G. Jackson Jr.		23b. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....	
23c. DATE SIGNED Sept. 14, 1953			
24a. BURNAL OF INMATION, REMOVAL (Specify)		24b. DATE 9-14-53	
24c. NAME OF CEMETERY OR CREMATORY Baltic Nat		24d. LOCATION (City, town, or county) (State) Baltic	
DATE RECEIVED BY LOCAL REGISTRAR SEP 16 1953		REGISTRAR'S SIGNATURE Thurman J. ...	
25. FUNERAL DIRECTOR J. E. ...		ADDRESS 130 E. Folt Ave.	
VS 151 js			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8332

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George P. Morell

2. DATE
OF
DEATH

9-16-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

St. Agnes Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Jessups

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

7-21-1888

9. AGE (In years
last birthday)

65

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Harvey Morell

14. MOTHER'S MAIDEN NAME

Sarah Harris

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

James E. Rowe Jr. M.D.

ADDRESS

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary emboli & infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Myocardial infarction

DUE TO

(C) Coronary thrombosis

II
OTHER SIGNIFICANT CONITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMED

IF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/28, 1953 to 9/16, 1953, that I last saw the
deceased alive on 9/16, 1953, and that death occurred at 8:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

James E. Rowe Jr. M.D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

9/16/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Sept 19-53

24C. NAME OF CEMETERY OR CREMATORY

Oak Hill Cemetery

24D. LOCATION (City, town, or county)

Memphis Tenn.

DATE RECEIVED BY
LOCAL REGISTRAR

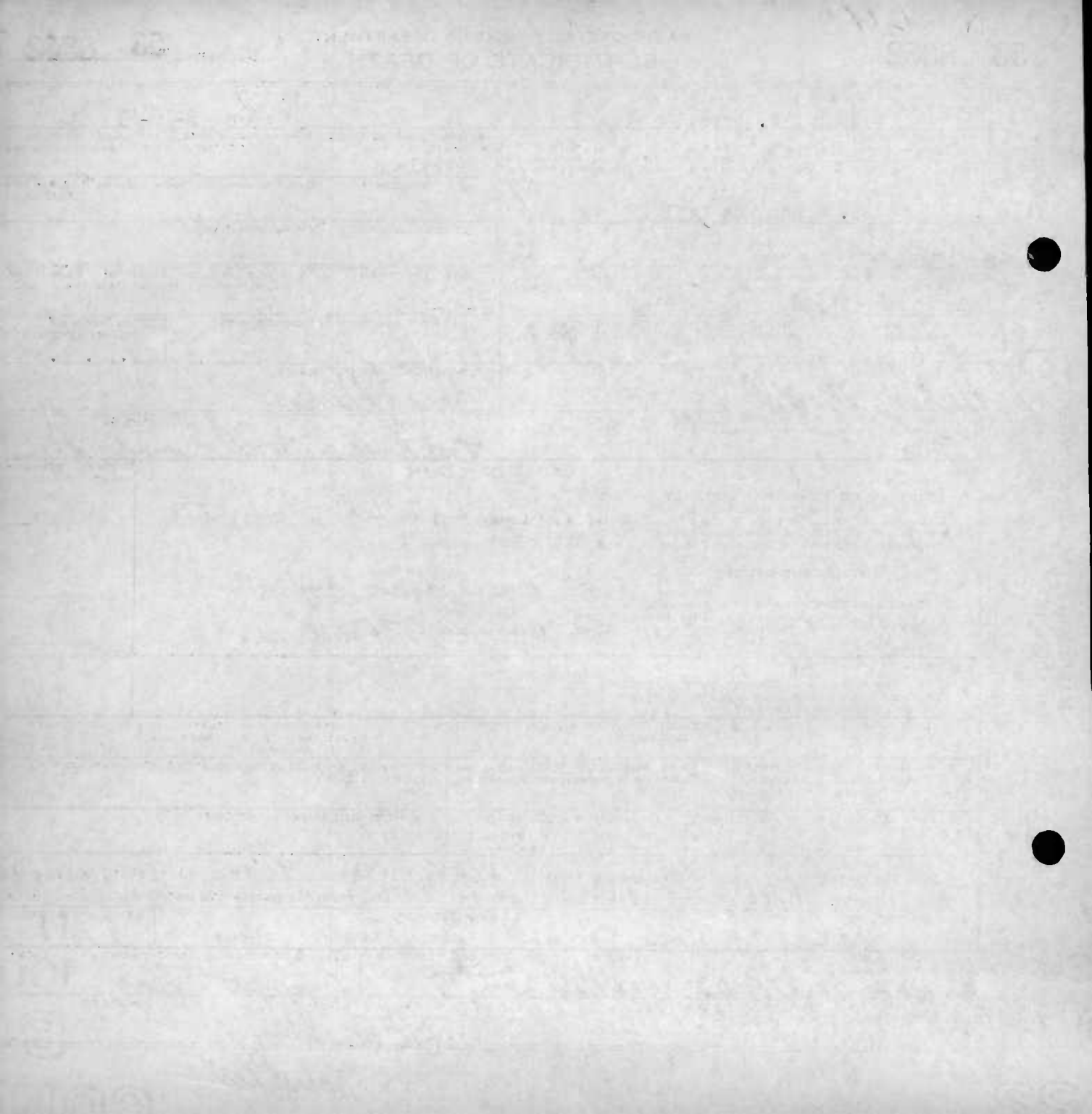
REGISTRAR'S SIGNATURE

Wilmington

25. FUNERAL DIRECTOR

Wilmington

ADDRESS



MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T-560				CERTIFICATE CORRECTED 9-18-53		BALTIMORE CITY HEALTH DEPARTMENT		Registered No. 53 8333	
53 8333 53-19229				BIRTH NO.				BIRTH NO.	
1. NAME OF DECEASED (Type or Print)				WILLIE Clarence TANNER Jr.				2. DATE OF DEATH August 20, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)				A. STATE Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital				C. CITY OR TOWN Baltimore				D. STREET ADDRESS (If rural, give location) 818 Carroll Street	
c. Length of stay in Baltimore				Yrs. Mos. Days					
5. SEX Male		6. COLOR OR RACE Colored		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Aug. 17, 1953		9. AGE (In years last birthday) 4	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Md.				12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Willie Clarence Tanner				14. MOTHER'S MAIDEN NAME Ida Mae Clegg					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		(If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS			
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Volvulus of small intestine with gangrene of bowel ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)					
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?					
22. I certify that I took charge of the remains described above, held an <u>Partial Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .									
23A. SIGNATURE W. J. [Signature]				23B. CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR				23C. DATE SIGNED Aug. 21, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE 8-8-53		24C. NAME OF CEMETERY OR CREMATORY Morgue		24D. LOCATION (City, town, or county) (State) 700 72nd St			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS					

STATE OF TEXAS
COUNTY OF DALLAS

2014

2013

2012

2011

2010

2009

2008

2007

2006

2005

2004

2003

2002

2001

2000

1999

1998

1997

1996

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8334

BIRTH NO. 53 8334

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

18. 560.2

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION

IF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-13-1953 to 9-14-1953, that I last saw the
deceased alive on 9-14-1953, and that death occurred at 8:35 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Local wood

Local wood

11/22/11

11/22/11

of white wood

3-620

8335

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8335

NAME OF DECEASED
(Last, first, middle or Print)

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

South Baltimore General

Length of stay in Baltimore

SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Divorced

USUAL OCCUPATION (Give kind of
one during most of working life, even if retired)10b. KIND OF BUSINESS OR
INDUSTRY

FATHER'S NAME

Grafton Brooks

WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

216-09-9665

2. DATE
OF
DEATH

9/14/53

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

647 W. Barre St.

8. DATE OF BIRTH

8/8/01

9. AGE (In years
last birthday)

53

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Wash. D.C.

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Hattie Thomas.

17. INFORMANT

ADDRESS

18. 158X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cancer, Retroperitoneal

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐

WORK

NOT WHILE ☐

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 18, 1953, to Sept. 14, 1953, that I last saw the
deceased alive on 9/14/53, 1953, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Donald B. Jones

M. D.

23B. ADDRESS

1203 Light St.

23C. DATE SIGNED

A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

9/17/53

24C. NAME OF CEMETERY OR CREMATORY

Arbutus mem. Pk. Arbutus.

24D. LOCATION (City, town, or county)

md

TE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Sept 16 1953

25. FUNERAL DIRECTOR

Charles A. Rice - 661 W. Barre

ADDRESS

St.

D-250
8336BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8336

1. NAME OF DECEASED (Type or Print) <i>Dixon, Eldridge T</i>		2. DATE OF DEATH <i>9/12/53</i>	
3. PLACE OF DEATH Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MARYLAND</i> B. COUNTY <i>16-01</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Franklin Square Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
6. Length of stay in Baltimore <i>?</i>		D. STREET ADDRESS (If rural, give location) <i>1020 West LANVALE STREET</i>	
7. SEX <i>Male</i>	8. COLOR OR RACE <i>Colored</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Divorced</i>	10. DATE OF BIRTH <i>Sept. 10, 1909</i>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Walter</i>		12. AGE (In years last birthday) <i>44</i>	
13. FATHER'S NAME <i>Thomas D. Dixon</i>		14. BIRTHPLACE (State or foreign country) <i>Texas</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>no or unknown</i>		16. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
17. SOCIAL SECURITY NO.		18. MOTHER'S MAIDEN NAME <i>Catherine Venters</i>	
19. INFORMANT <i>Addie E. Kemp</i>		20. ADDRESS <i>1919 3rd St. N.W., Washington, D.C.</i>	
19. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary occlusion due to</i> (A) <i>Cardio-vascular hyperten-</i> DUE TO <i>sive disease</i>			
21. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>live disease</i>			
22. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
23. DATE OF OPERATION <i>9/12</i>		24. MAJOR FINDINGS OF OPERATION	
25. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
26. ACCIDENT, SUICIDE, HOMICIDE (Specify) <i>—</i>		27. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>—</i>	
28. WHERE DID INJURY OCCUR? <i>—</i>		29. (If in Baltimore City, give exact location)	
30. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>—</i>		31. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
32. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>9/12</i> , 1953, to <i>9/12</i> , 1953, that I last saw the deceased alive on <i>9/12</i> , 1953, and that death occurred at <i>3 P.M.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Rail Mungestis</i>		23B. ADDRESS <i>—</i>	
23C. DATE SIGNED <i>—</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Sept. 17, 1953</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Int. Auburn Cemetery</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>	
25. RECEIVED BY CAL REGISTRAR <i>—</i>		26. REGISTRAR'S SIGNATURE <i>Huntington</i>	
27. FUNERAL DIRECTOR <i>—</i>		28. ADDRESS <i>Charles R. Lee, 882 Madison Ave.</i>	

7846M

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered 53-8337

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELLA

McFARLAND

2. DATE
OF DEATH September 14, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Franklin Sq Hosp.*4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Franklin Square Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2812 Harlem Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

at home

8. DATE OF BIRTH

June 3, 1890

9. AGE (in years
last birthday)

63

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Mins.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTH PLACE (State or foreign country)

Chancock, Va.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Mary Lee Finney

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

Viola Butts

ADDRESS

2812
Harlem Av.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Upchurch

23B. CHIEF MEDICAL EXAMINER.....
M.D. ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
Sept. 15, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 18, 1953

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Mem. Park

24D. LOCATION (City, town, or county)

Baltimore Co. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston

25. FUNERAL DIRECTOR

Charles R. Law, 882 Madison Ave.

ADDRESS

1952

1953

1954

1955

1956

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

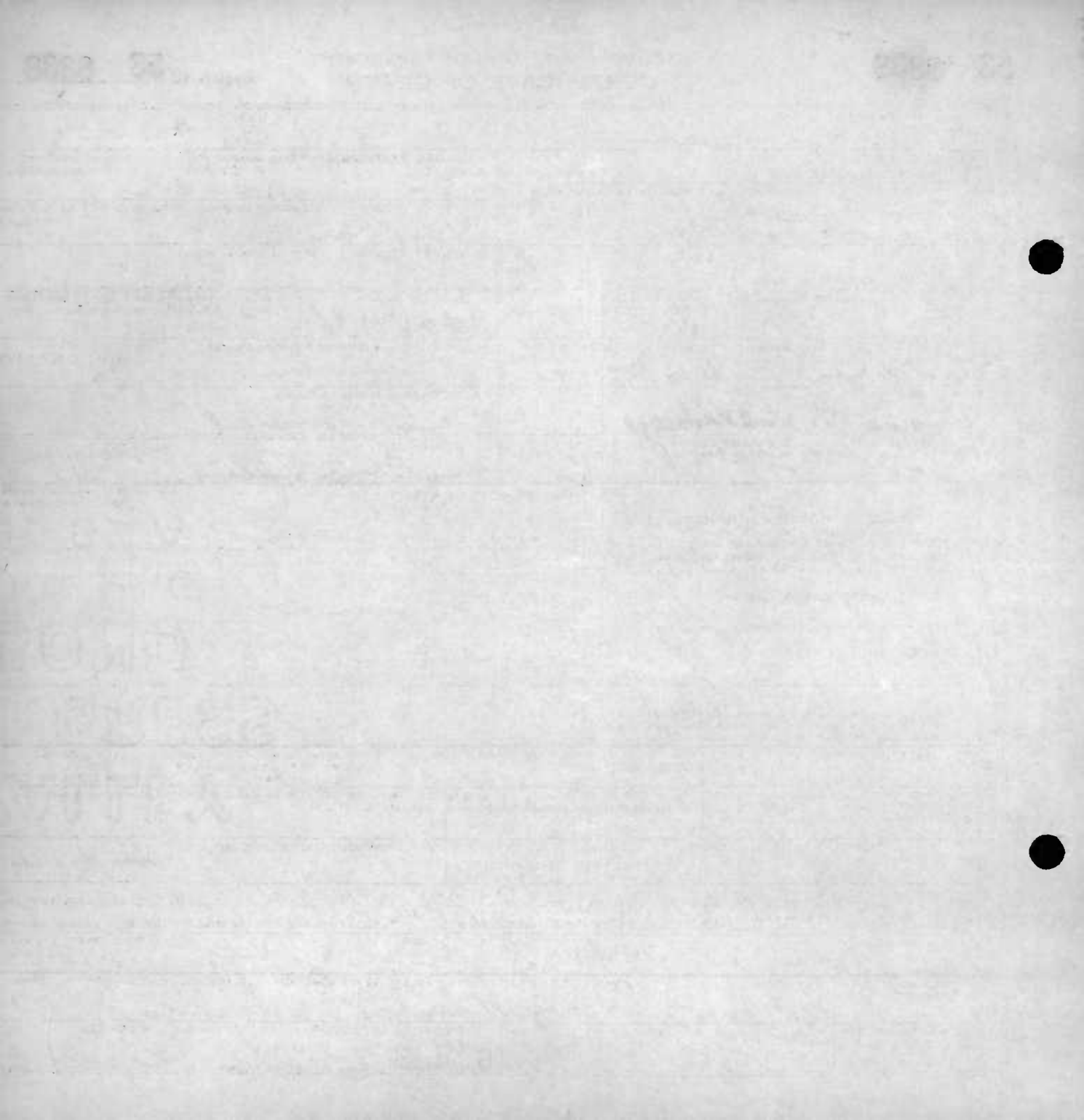
D-252
53 8338

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8338

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Carol A. Dickinson</i>			2. DATE OF DEATH <i>9-14-53</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Ind.</i> B. COUNTY <i>Queen Anne's</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>38 University Hosp.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Queen Anne's</i>		
c. Length of stay in Baltimore Yrs. <i>1</i> Mos. <i>1</i> Days <i>1</i>			D. STREET ADDRESS (If rural, give location) <i>6700</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Feb. 25, 1898</i>		9. AGE (In years, last birthday) <i>75</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housekeeper</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>Thomas B. Saulsbury</i>			14. MOTHER'S MAIDEN NAME <i>Mary N. Bowwell</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>Yes</i>		16. SOCIAL SECURITY NO. <i>1-1-1-1-1-1-1-1-1-1</i>	17. INFORMANT <i>Mary Barton Saulsbury</i>		ADDRESS <i>2206 N. Main St.</i>
18. <i>490X</i> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>agranulocytosis</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>URI & pharyngitis</i> <i>RLL pneumonia</i>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>9-12-53</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m. <input type="checkbox"/> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>9-12-53</i> to <i>9-14-53</i> , that I last saw the deceased alive on <i>9-14-53</i> , and that death occurred at <i>9:54</i> a.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Louis M. Ad</i>		23B. ADDRESS <i>University Hosp.</i>		23C. DATE SIGNED <i>9-14-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>Sept. 16, 1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Episcopal Churchyard</i>	
24D. LOCATION (City, town, or county) (State) <i>MD.</i>		24E. FUNERAL DIRECTOR <i>W. B. Carter</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 16 1953</i>		REGISTRAR'S SIGNATURE <i>Thurston S. Williams</i>		ADDRESS <i>2206 N. Main St.</i>	



5-640
8339

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **53 8339**

TH NO.

NAME OF DECEASED (Last, first, middle or Print) Mrs. Anna Margarete Schreil		2. DATE OF DEATH Sept 16, 1953	
PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Bon Secours Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1651 N. Milton Ave.		E. LENGTH OF STAY IN BALTIMORE 44 Days	
SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 12/28/85
9. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired)		10a. KIND OF BUSINESS OR INDUSTRY housewife	11. BIRTHPLACE (State or foreign country) Germany
FATHER'S NAME Lorenz Schiller		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT ADDRESS Miss Susanne Schreil-Same
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 422.1 and 170X		CAUSE OF DEATH (A) congestive heart failure acute DUE TO 2 Gallop rhythm. (B) Arteriosclerotic cardiovascular. chronic DUE TO Disease. (C)	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Compromised of Breast recurrence.			
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21d. ME (Month) (Day) (Year) (Hour) OF INJURY	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9/11 , 1953, to 9/16 , 1953, that I last saw the deceased alive on 9/16 , 1953, and that death occurred at 530A m., from the causes and on the date stated above.			
23a. SIGNATURE George Sevas		23b. ADDRESS 1301 Secours Hosp	
23c. DATE SIGNED 9/16/53		23d. LOCATION (City, town, or county) (State) Balto. Co., Md.	
24a. DATE 9-18-1953		24b. NAME OF CEMETERY OR CREMATORY Parkwood	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
25. FUNERAL DIRECTOR G. Howard Strong		ADDRESS 3207 W. North Ave.,	

CERTIFICATE OF DEATH

Blank form with horizontal lines for text entry.

4-630

8340

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8340

TH NO.

NAME OF DECEASED
(Last, first, middle, or Print)

Hart, Henry George

2. DATE
OF
DEATH

Sept. 16, 1953

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

Anne Arundel

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 25

D. STREET ADDRESS (If rural, give location)

6020 Ritchie Highway

5250

Length of stay in Baltimore

74 Yr.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)8. USUAL OCCUPATION (Give kind of
occupation during most of working life, even if retired)

HOUSE WORK

10a. KIND OF BUSINESS OR
INDUSTRY

AT HOME

FATHER'S NAME

ADAM HART

8. DATE OF BIRTH

MARCH 30-1879

9. AGE (In years
last birthday)

74

If Under 1 Year
Months Days Hours Min.

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?13. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

216-09-6494A

17. INFORMANT

JOHN TULLY 6020 RITCHIE HIGHWAY

ADDRESS

18. 581.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cirrhosis of liver

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 10, 1953 to Sept. 16, 1953 that I last saw the
deceased alive on Sept. 16, 1953. and that death occurred at 9:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE

H. P. P. P.

23b. ADDRESS

M. D.

1100 N. Caroline St.

23c. DATE SIGNED

Sept. 16, 1953

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24b. DATE

Sept 19 53

24c. NAME OF CEMETERY OR CREMATORY

HOLY CROSS CEM

24d. LOCATION (City, town, or county)

A A Co

(State)

25. RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 17 1953

J. P. P. P.

Bernard C. Hinkle 121 E West St

53 8341

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8341
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years,
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 754.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-9 1953, to 9-12, 1953, that I last saw the
deceased alive on 9-12, 1953, and that death occurred at 5 p.m., from the causes and on the date stated above.

23. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1. The first part of the report is a general description of the project. It includes the title, the objectives, the scope, and the organization of the project. It also includes a brief description of the background and the significance of the project.

2. The second part of the report is a detailed description of the methodology used in the project. It includes a description of the data collection methods, the data analysis methods, and the results of the project.

3. The third part of the report is a discussion of the results of the project. It includes a discussion of the findings, the conclusions, and the implications of the project.

4. The fourth part of the report is a conclusion. It includes a summary of the project, a statement of the conclusions, and a statement of the implications of the project.

1. The first part of the report is a general description of the project. It includes the title, the objectives, the scope, and the organization of the project. It also includes a brief description of the background and the significance of the project.	2. The second part of the report is a detailed description of the methodology used in the project. It includes a description of the data collection methods, the data analysis methods, and the results of the project.
3. The third part of the report is a discussion of the results of the project. It includes a discussion of the findings, the conclusions, and the implications of the project.	4. The fourth part of the report is a conclusion. It includes a summary of the project, a statement of the conclusions, and a statement of the implications of the project.

A-560

8342

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8342

TH NO. 53-20618
NAME OF DECEASED
(Last, first, middle name or Print) Infant of Catherine Monroe2. DATE
OF DEATH July 13, 1953PLACE OF DEATH:
Baltimore City, MarylandFULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR The Johns Hopkins Hospital
INSTITUTION4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BaltimoreD. STREET ADDRESS (If rural, give location)
1622 East Monument Street - 5

Length of stay in Baltimore Infant

SEX
Male6. COLOR OR RACE
Negro7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)8. DATE OF BIRTH
July 13, 1953

9. AGE (In years last birthday) If Under 1 Year Months: Days If Under 24 Hours Hours: Min. 2

10. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Maryland

12. CITIZEN OF WHAT COUNTRY?

FATHER'S NAME
James Monroe14. MOTHER'S MAIDEN NAME
Catherine Hebron13. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT
Hospital Records

ADDRESS

18. 761.0
I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) Anoxia

DUE TO

(B) Maternal bleeding. Abruptio placenta

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 13th, 1953, to July 13th, 1953, that I last saw the deceased alive on July 13th, 1953, and that death occurred at 4.27 Pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

The Johns Hopkins Hospital

9/1/53

24. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

25. COPIES RECEIVED BY
PUBLIC REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FP1/1953

82 82

THE UNITED STATES OF AMERICA

OFFICE OF THE
ATTORNEY GENERAL

DEPARTMENT OF JUSTICE

IN REPLY TO

OF THE

UNITED STATES

DEPARTMENT OF JUSTICE

WASHINGTON, D.C.

Handwritten signature

1954

1954

1954

1954

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P-610
53 8343 *53-21574*

BALTIMORE CITY HEALTH DEPARTMENT
563107
B-1 5033
CERTIFICATE OF DEATH

53 8343
Registered No. _____

1. NAME OF DECEASED (Type or Print) <i>Baby--Alberta Provo</i>		2. DATE OF DEATH <i>SEP 13 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Harriet Lane Home 4 W</i>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) STATE <i>Md</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN. (If outside corporate limits, write RURAL and give township) <i>Baltimore 26-10</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>231 S. Bouldin St</i>	
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>S.</i>	8. DATE OF BIRTH <i>9-6-53</i>
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years, last birthday) <i>7</i>
11. BIRTHPLACE (State or foreign country) <i>Md.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>John E. Provo</i>		14. MOTHER'S MAIDEN NAME <i>Alberta</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>
18. <i>768.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Septicemia</i> DUE TO			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>✓</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>9-6-</i> , 1953 to <i>9-13-</i> , 1953 that I last saw the deceased alive on <i>9-13-</i> , 1953, and that death occurred at <i>4:40 Pm.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Margaret D Bailey</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
23C. DATE SIGNED <i>9/13/53</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 17 1953</i>		REGISTRAR'S SIGNATURE <i>Ray Sefer</i>	
25. FUNERAL DIRECTOR		ADDRESS	
VS 150 <i>Hospital Disposal</i>			

1968 52

172

1968 52

STATE OF TEXAS

201-233-1000

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53** **8344**1. NAME OF DECEASED
(Type or Print)2. DATE OF DEATH **9/16/53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **MARYLAND** B. COUNTY **BALTIMORE**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

E. LENGTH OF STAY IN BALTIMORE

F. SEX **F** G. COLOR OR RACE **W** H. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **WIDOWED**

I. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

J. KIND OF BUSINESS OR INDUSTRY

K. BIRTHPLACE (State or foreign country)

L. CITIZEN OF WHAT COUNTRY?

M. FATHER'S NAME

N. MOTHER'S MAIDEN NAME

O. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

P. SOCIAL SECURITY NO.

Q. INFORMANT

R. ADDRESS

S. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

T. ANTECEDENT CAUSES

U. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

V. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

W. DATE OF OPERATION

X. CONDITION FOR WHICH OPERATION WAS PERFORMED

Y. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

Z. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

AA. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

AB. TIME (Month) (Day) (Year) (Hour) OF INJURY

AC. INJURY OCCURRED

AD. HOW DID INJURY OCCUR?

AE. I hereby certify that I attended the deceased from **8/30**, 19**53**, to **9/16**, 19**53**, that I last saw the deceased alive on **9/15/53**, 19**53**, and that death occurred at **1:10 A.M.**, from the causes and on the date stated above.

AF. SIGNATURE

AG. ADDRESS

AH. DATE

AI. NAME OF CEMETERY OR CREMATORY

AJ. LOCATION (City, town, or county) (State)

AK. BURIAL, CREMATION, REMOVAL (Specify)

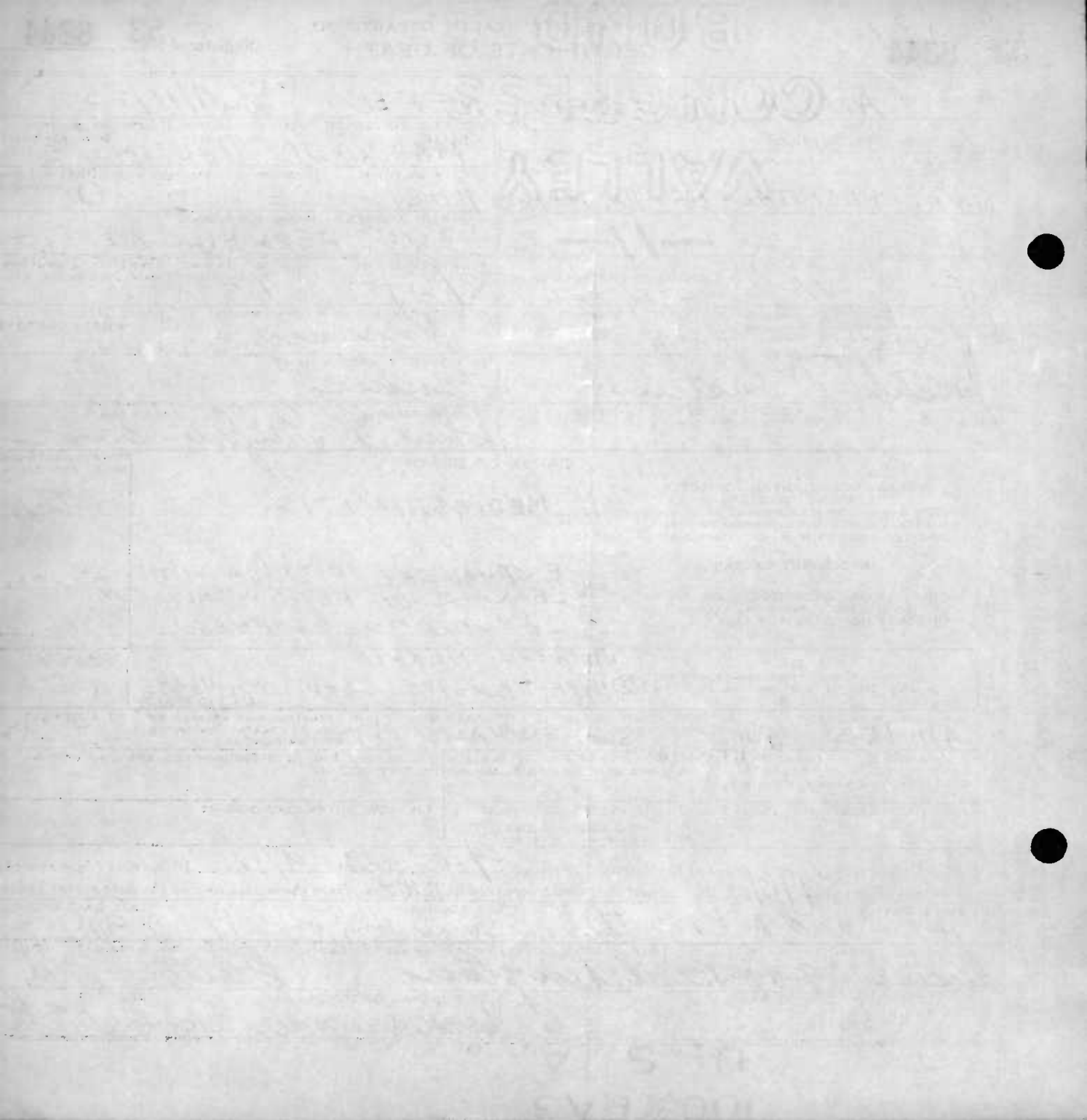
AL. DATE RECEIVED BY LOCAL REGISTRAR

AM. REGISTRAR'S SIGNATURE

AN. FUNERAL DIRECTOR

AO. ADDRESS

VS 150



500
8345BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8345

IRTH NO.

NAME OF DECEASED
(Type or Print)

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

SPITAL OR

STITUTION

Length of stay in Baltimore

SEX

F

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR
INDUSTRY

House Work

FATHER'S NAME

Martin Riski

9. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

8. DATE OF BIRTH

Sept 29/1893

9. AGE (In years
last birthday)

59

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Czechoslovakia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Anna Kocarovic

17. INFORMANT

ADDRESS

Anna Hasonei 5766 Maple Hill Ave

18. 176x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(A) Adeno Carcinoma
DUE TO of Vaginal tract, rectum
and bladder
(B)
DUE TO
(C)INTERVAL BETWEEN
ONSET AND DEATH

8 yrs.

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1947

19B. MAJOR FINDINGS OF OPERATION

Adeno Carcinoma

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 15, 1951, to Sept 14, 1953, that I last saw the
deceased alive on Sept 14, 1953, and that death occurred at 11: p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

A. BURIAL, CREMA-
N, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

TE RECEIVED BY
CAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

BUTLER

SEPT 18 1953

HOLY REDEEMER CEM.

4430 BELAIR RD

MD

BUTLER

7-11-53 51800

Cliffel Bldg 1800 E Lombard St

0338

STATE OF NEW YORK
CERTIFICATE OF DEATH

0338

DATE OF DEATH

PLACE OF DEATH

AGE

SEX

CAUSE OF DEATH

NAME OF DEATH

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
ALBANY, N. Y.

RECEIVED

DATE

NAME OF DEATH

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
ALBANY, N. Y.

RECEIVED

NAME OF DEATH

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
ALBANY, N. Y.

NAME OF DEATH

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
ALBANY, N. Y.

DATE

NAME OF DEATH

STATE OF NEW YORK

0338

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 8346**BIRTH NO. **53 8346J-172269**1. NAME OF DECEASED
(Type or Print)**H.****Alexander Young**2. DATE
OF
DEATH**9-16-53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE
Md.

B. COUNTY

CITY OR TOWN (If outside corporate limits, give RURAL and give township)

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1320 Eastern Ave.-31

c. Length of stay in Baltimore

LifeYrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**Married**

8. DATE OF BIRTH

July 29, 19059. AGE (In years
last birthday)**48**10 Under 1 Year
Months; Days11 Under 24 Hours
Hours; Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**SALEMAN**10B. KIND OF BUSINESS OR
INDUSTRY**STATTLER & CO**

11. BIRTHPLACE (State or foreign country)

Md.12. CITIZEN OF
WHAT COUNTRY?**U.S.A.**

13. FATHER'S NAME

Alexander Young

14. MOTHER'S MAIDEN NAME

Martha Mick15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**No**16. SOCIAL
SECURITY NO.**23-10-2048**

17. INFORMANT

B. C. H. Records, 4940 Eastern Ave.

ADDRESS

18. **162X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)**Carcinoma of the Lung with Widespread**(A)
DUE TO **Metastasis**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO **Destruction of C4 and C5 due to Metastasis**
with Partial Paraplegia

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **7-14**, 19**53**, to **9-16**, 19**53**, that I last saw the
deceased alive on **9-16**, 19**53**, and that death occurred at **12:45 AM** from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

N. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

9-16-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)**BURIAL**

24B. DATE

SEPT 19 1953

24C. NAME OF CEMETERY OR CREMATORY

NEW CATHEDRAL CEM.

24D. LOCATION (City, town, or county)

OLD FREDERICK RD MD.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

[Signature] 1800 E LONGGARD ST

— — —

☆

-1070

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53 8347

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8347

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MORRIS BARON

2. DATE
OF
DEATH

9-17-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2515 Oswego Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-13

D. STREET ADDRESS (If rural, give location)

2515 Oswego Ave

c. Length of stay in Baltimore

30 Yrs.
Moor.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (In years

last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Merchant

10B. KIND OF BUSINESS OR
INDUSTRY

Hardware

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Samuel Baron

14. MOTHER'S MAIDEN NAME

Hannah

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Fannie Baron - Same

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary Occlusion

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Arterio Sclerosis

(C) DUE TO

Myocarditis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 15, 1953, to Sept 17, 1953, that I last saw the
deceased alive on Sept 15, 1953, and that death occurred at 12:37 pm, from the causes and on the date stated above.

23A. SIGNATURE

Benjamin Kadon

23B. ADDRESS

2306 Eutaw Pl

23C. DATE SIGNED

Sept 17-1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

9-17-53

24C. NAME OF CEMETERY OR CREMATORY

Beth Isaac

24D. LOCATION (City, town, or county)

Baltimore, Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEPT 17 1953 11:53 AM 2530 1953 2100 Eutaw Pl

VS 150

2906N

Kadow

1988 22

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

53 8348

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8348
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) <i>Blanche A. Abigill</i>	
2. DATE OF DEATH <i>9-15-1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>325 Font Hill Ave.</i>	
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>BALTIMORE</i>	
D. STREET ADDRESS (If rural, give location) <i>325 Font Hill Ave</i>	
c. Length of stay in Baltimore <i>Life</i>	
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>White</i>
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	
8. DATE OF BIRTH <i>3-18-1883</i>	
9. AGE (in years, last birthday) <i>70</i>	
10. A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	
10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>BALTO. Md.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13. FATHER'S NAME <i>McCullough</i>	
14. MOTHER'S MAIDEN NAME <i>Richter</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mr Joseph Abigill</i>	
ADDRESS <i>Above</i>	

18. <i>331X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH <i>8 days</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Generalized arteriosclerosis</i>		
19A. DATE OF OPERATION <i>0</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>9-7-53</i> , 19__, to <i>9-15-53</i> , 19__, that I last saw the deceased alive on <i>9-15-53</i> , 19__, and that death occurred at <i>3:00 P.</i> m., from the causes and on the date stated above.		
23A. SIGNATURE <i>Nathan Rocevin</i>		23B. ADDRESS <i>206 S. G. 1st St.</i>
23C. DATE SIGNED <i>9-16-53</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Sept 18, 1953</i>
24C. NAME OF CEMETERY OR CREMATORY <i>Louisa Park Crry.</i>		24D. LOCATION (City, town, or county) (State) <i>Balta. Maryland</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 17 1953</i>		REGISTRAR'S SIGNATURE <i>J. Truman Schuck</i>
25. FUNERAL DIRECTOR <i>3512 Frederick Ave. (29)</i>		ADDRESS

7-460
8349

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8349

Registered No.

TH NO.

NAME OF DECEASED
(Last, first, middle, or Print)

PLACE OF DEATH:

FULL NAME OF
HOSPITAL OR
INSTITUTION

Length of stay in Baltimore

SEX

USUAL OCCUPATION (Give kind of
work during most of working life, even if retired)

FATHER'S NAME

WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give
relationship)

D. STREET ADDRESS (If rural, give location)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

17. INFORMANT ADDRESS

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral hemorrhage &
pulmonary edema

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cerebral arteriosclerosis

5 yrs

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from Sept 11, 1953, to Sept 16, 1953, that I last saw the
deceased alive on Sept 15, 1953, and that death occurred at 3:35 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1-453

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 8350

8350		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 8350 Registered No.	
NAME OF DECEASED (Last, first, middle, or Print)		Hyland, Joseph William		2. DATE OF DEATH Sept. 16, 1953	
PLACE OF DEATH: Baltimore City, Maryland		Hyland, Josiah William		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland C. CITY OR TOWN Baltimore 14 D. STREET ADDRESS (If rural, give location) 5507 Plymouth Road	
FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) St. Joseph's Hospital		Yrs. Mos. Days of stay in Baltimore		8. DATE OF BIRTH Jan. 27, 1895	
SEX Male		6. COLOR OR RACE White		9. AGE (In years last birthday) 58	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		10. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (State or foreign country) Maryland	
1. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired) Petroleum Oil		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. DATE OF DEATH Jan. 27, 1895	
FATHER'S NAME William Andrew Hyland		14. MOTHER'S MAIDEN NAME Mary Florence ?		15. BIRTHPLACE (State or foreign country) Maryland	
16. SOCIAL SECURITY NO. 218-09-0021		17. INFORMANT Mrs. Florence V. Palma		18. ADDRESS 5507 Plymouth	
19. DATE OF OPERATION		19A. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> HOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept. 14, 1953 to Sept. 16, 1953, that I last saw the deceased alive on Sept. 16, 1953, and that death occurred at 10:00 AM from the causes and on the date stated above.					
23A. SIGNATURE Louis A. Fritz		23B. ADDRESS 1100 N. Caroline St.		23C. DATE SIGNED Sept. 16, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sept 19, 1953		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	
24D. LOCATION (City, town, or county) Baltimore, Maryland		24E. FUNERAL DIRECTOR Leopold J. Ruck		24F. ADDRESS 5305 Harford Road.	

2906K

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F-620

53 8351

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8351

1. NAME OF DECEASED (Type or Print) Anna R. Friskey		2. DATE OF DEATH 9/16/1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION 5011 Gunther Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Maryland	
c. Length of stay in Baltimore 62 yrs		D. STREET ADDRESS (If rural, give location) 5011 Gunther Avenue	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6/18, 1891
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years, last birthday) 62
13. FATHER'S NAME George A. Popp		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Elizabeth Schneemann	
17. INFORMANT Mr. Frederick Friskey		ADDRESS 5011 Gunther	

18. 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cancer Colon		INTERVAL BETWEEN ONSET AND DEATH more than 15 months
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. metastases throughout entire abdomen		

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **March 1**, 1953 to **Sept 16**, 1953 that I last saw the deceased alive on **Sept 15**, 1953, and that death occurred at **69** m., from the causes and on the date stated above.

23A. SIGNATURE Allen C. ...	23B. ADDRESS 3139 E. ...	23C. DATE SIGNED 9-16-53
---------------------------------------	------------------------------------	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Sept. 19, 1953	24C. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR SEPT 19 1953	REGISTRAR'S SIGNATURE 19530	FUNDING DIRECTOR Leonard J. Ruek	
ADDRESS 5305 Harford Rd			

1882 22

1882 22

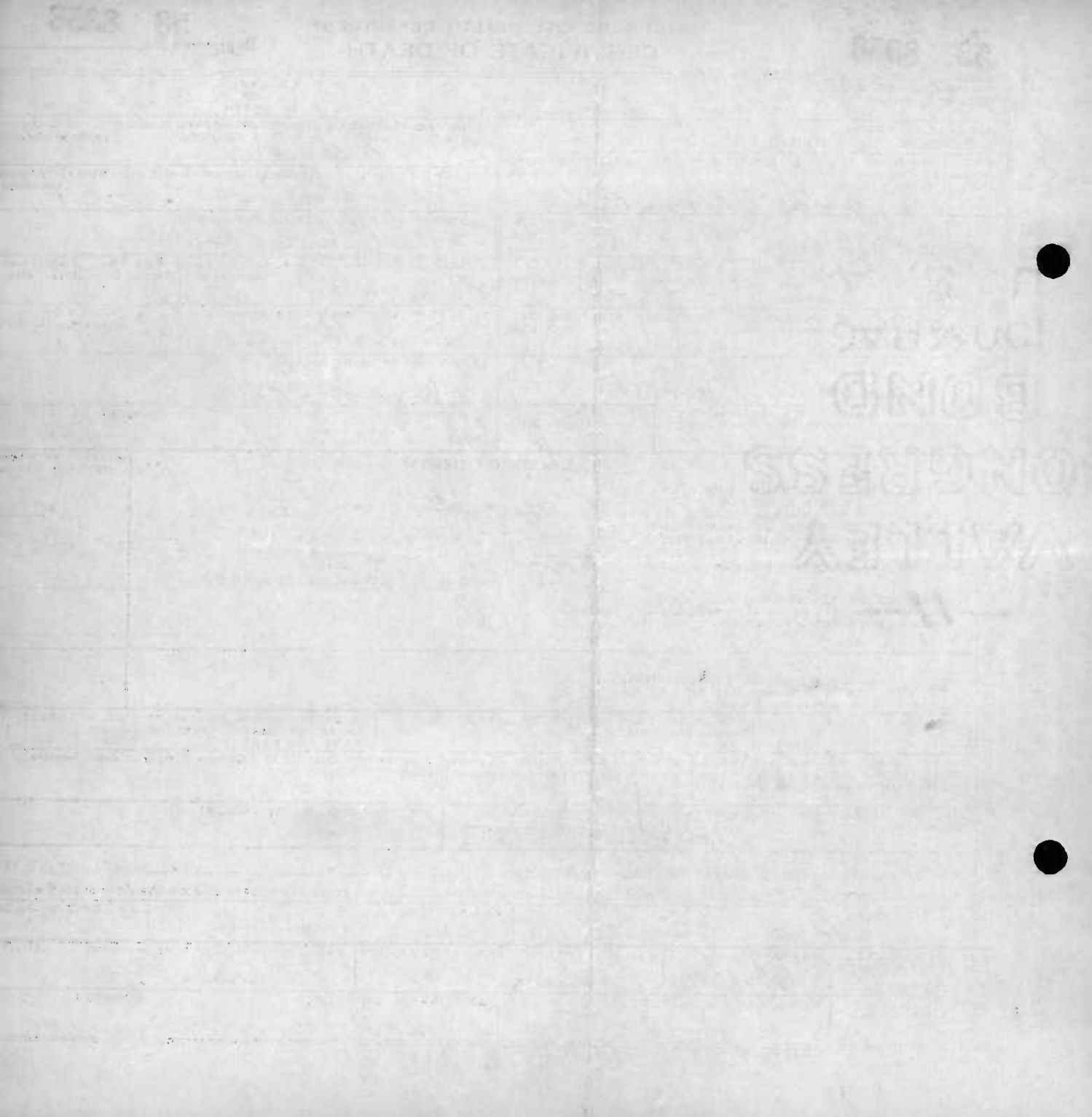
F-500 53 8352		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 8352 Registered No.	
NAME OF DECEASED (Type or Print)		John N FINNEY		2. DATE OF DEATH 9-15-53	
PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md B. COUNTY BALTIMORE		7-04	
FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1026 N. CHAPEL ST 40 YRS Yrs. Mos. Days		C. CITY OR TOWN BALTIMORE		D. STREET ADDRESS (If rural, give location) 1026 N. CHAPEL ST.	
Length of stay in Baltimore		8. DATE OF BIRTH 10-25-93		9. AGE (In years last birthday) 59	
SEX M.		6. COLOR OR RACE C.		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) ELECTRIC SAN OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY BETHLEHEM STEEL		11. BIRTHPLACE (State or foreign country) VA.	
FATHER'S NAME John N FINNEY		14. MOTHER'S MAIDEN NAME Emma Bivins		12. CITIZEN OF WHAT COUNTRY?	
WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT Radclyffe Finney 1730 N. Central Ave	
18. 151X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH D. Peritonitis DUE TO Acute Stomach DUE TO DUE TO		INTERVAL BETWEEN ONSET AND DEATH 7 4 min		II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Explosive Laboratory	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 1953 to Sept 15, 1953, that I last saw the deceased alive on Sept 14, 1953, and that death occurred at 6 a m., from the causes and on the date stated above.					
23a. SIGNATURE [Signature]		23b. ADDRESS M 22 E Chase St. M. D.		23c. DATE SIGNED 9/16/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-18-53		24c. NAME OF CEMETERY OR CREMATORY MT. CALVARY CEM.	
24d. LOCATION (City, town, or county) (State) A. A. County Md.		25. FUNERAL DIRECTOR [Signature]		ADDRESS 1304 N. Central Ave	
DATE RECEIVED BY LOCAL REGISTRAR 7-10-53		REGISTRAR'S SIGNATURE [Signature]		6 90 3A	

MINISTRY OF HEALTH
CERTIFICATE OF DEATH

VALLEY
GENERAL
HOSPITAL

J-525
53 8353BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8353
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Johnson, Lillian</i>				2. DATE OF DEATH <i>9/16/53</i>			
3. PLACE OF DEATH: a. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Maryland</i> b. COUNTY <i>Hamilton</i>			
b. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Linai Hospital</i>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Hamilton 27-07</i>			
c. Length of stay in Baltimore				d. STREET ADDRESS (If rural, give location) <i>2916 Pinewood Ave.</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOWED</i>	8. DATE OF BIRTH <i>Sept 14/1886</i>		9. AGE (In years last birthday) <i>67</i>	10. Under 1 Year Months: Days: Hours: Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Rock Hall Md.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Daniel W. Gilbert</i>				14. MOTHER'S MAIDEN NAME <i>Secelia Taylor</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Allen E Esender</i>			
				ADDRESS <i>2916 Pinewood Ave</i>			
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Myocardial Infarction</i> DUE TO				CAUSE OF DEATH <i>Coronary Arteriosclerosis</i> DUE TO			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19a. DATE OF OPERATION <i>0</i>		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above							
23a. SIGNATURE <i>Dr. Hyatt</i>				23b. ADDRESS <i>Linai Hospital</i>		23c. DATE SIGNED <i>9/16/53</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Sept 21/1953</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Landon Park</i>		24d. LOCATION (City, town, or county) (State) <i>Baltimore Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 17 1953</i>		REGISTRAR'S SIGNATURE <i>W. E. Williams</i>		25. FUNERAL DIRECTOR <i>Nancy H. Armstrong</i>		ADDRESS <i>4204 Ridgemoor Ave</i>	



R-54-3
FJ 174597BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8354

BIRTH NO. 53 8354

1. NAME OF DECEASED
(Type or Print)

William Reynolds

2. DATE
OF
DEATH

9-15-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONBaltimore City Hospitals
4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE
Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

324 South Balton Street

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days5. SEX
Male6. COLOR OR RACE
White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widow8. DATE OF BIRTH
June 27, 18979. AGE (In years
last birthday)
5610. Under 1 Year
Months: Days
11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Reynolds

14. MOTHER'S MAIDEN NAME

Anna Hall

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

B.C.H. 4940 Eastern Avenue (records)

18. 199.9

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Carcinomatosis, Primary site
Undetermined

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-14-1953 to 9-15-1953, that I last saw the
deceased alive on 9-15-1953, and that death occurred at 4:50 P. m., from the causes and on the date stated above.

23A. SIGNATURE

H. H. H. H. H.

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

9-15-1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Sept 19-53

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart Cmn.

24D. LOCATION (City, town, or county)

German Hill Rd. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

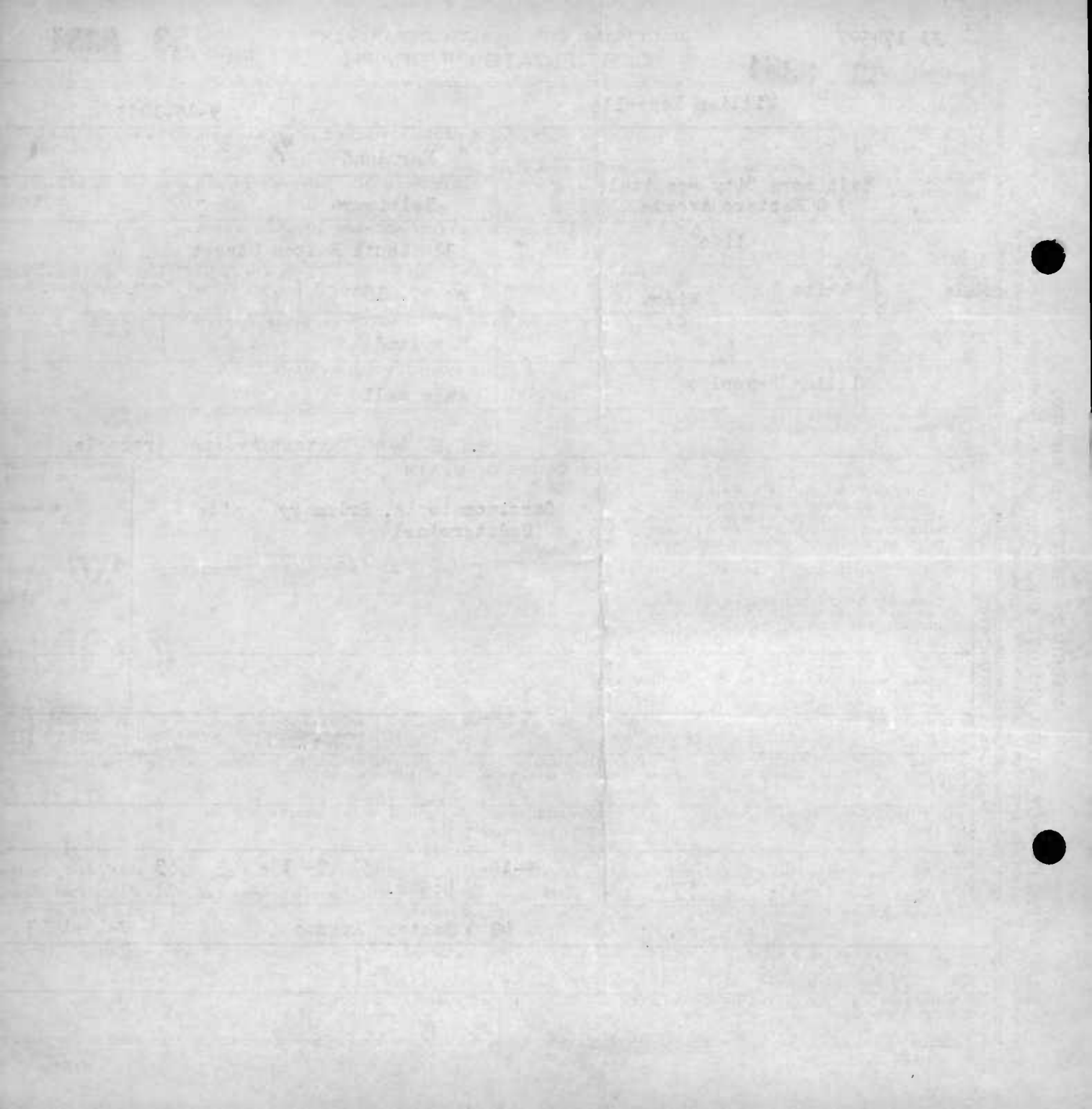
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

John J. 355 Connolly

ADDRESS

Balls 21
Md.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8365
Registered No. 53 8365

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Benedict William A. Bond

2. DATE
OF
DEATH

Sept. 15, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

320 South Lehigh St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

320 Lehigh St.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

March 8, 1953

9. AGE (In years
last birthday)

43

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Truck Chauffeur

10B. KIND OF BUSINESS OR
INDUSTRY

Cooperage Co.

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

John Bond

14. MOTHER'S MAIDEN NAME

Blanche Eldridge

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or date of service)
Yes World War # 216. SOCIAL
SECURITY NO.
212-01-515717. INFORMANT ADDRESS
Mrs Lillian M. Bond
320 South Lehigh St. (24)

18. 158X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Retroperitoneal sarcoma

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

7 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

28 Feb. 28 Apr. 21 May 53

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMED

Abdominal tumor

IF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (if in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 to 15 Sept 1953, that I last saw the
deceased alive on 14 Sept 1953, and that death occurred at 12 m., from the causes and on the date stated above.

23a. SIGNATURE

John N. Barnaby

M. D.

23b. ADDRESS

1531 E North Ave

23c. DATE SIGNED

16 Sept 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 18, 1953

24C. NAME OF CEMETERY OR CREMATORY

Balto. National

24D. LOCATION (City, town, or county)

Baltimore Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

Henry Sander & Sons Inc.

ADDRESS

Baltimore Md.

1935

1935

1935

RECEIVED
JAN 10 1935
U.S. DEPT. OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D.C.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 8356**

B-656 53 8356			BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH			Registered No. 53 8356		
1. NAME OF DECEASED (Type or Print) Mary Bernhardt					2. DATE OF DEATH 9/16/53			
3. PLACE OF DEATH: A. Baltimore City, Maryland					4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY Balto			
B. FULL NAME OF (If not in hospital or institution, give street address or location) Sinai Hosp.					C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto Md 15-11			
c. Length of stay in Baltimore Life Yrs. Mos. Days					D. STREET ADDRESS (If rural, give location) Ashburton Nursing Home, Hilton Rd 3520			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W		8. DATE OF BIRTH 2-24-75	9. AGE (In years last birthday) 78	If Under 1 Year Months: Days	If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Balto Md		12. CITIZEN OF WHAT COUNTRY? U.S.A		
13. FATHER'S NAME Joseph Jerousek				14. MOTHER'S MAIDEN NAME Mary (?)				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Marie Wolf ADDRESS 319 E. North Ave.				
18. 260x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebro vascular accident DUE TO HICVD Diabete Mellitus					INTERVAL BETWEEN ONSET AND DEATH			
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Pneumonia								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 9-14 , 19 53 , to 9-16 , 19 53 , that I last saw the deceased alive on 9-16 , 19 53 , and that death occurred at 8:40 p.m. , from the causes and on the date stated above.								
23A. SIGNATURE James J. [Signature] M. D.				23B. ADDRESS Sinai Hospital		23C. DATE SIGNED 9-16-53		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sept. 21, 1953		24C. NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS H. SANDER & SONS, INC. Baltimore, Maryland George Sander				

U. S. D. A.

Division of Plant Industry

Office of the Chief

Botanist

Washington, D. C.

April 1, 1914

Dear Sir:

I have the honor to acknowledge the receipt of your letter of the 28th inst.

and in reply to inform you that the same has been forwarded to the proper authorities for their consideration.

I am, Sir, very respectfully,
Yours very truly,
C. V. Piper

Chief Botanist

Enclosure

Very truly,
C. V. Piper

Chief Botanist

53

P-230

8357

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8357
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Pickett, Isabel L.

2. DATE
OF
DEATH

9-16-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE B. COUNTY

Md.

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, Md. 24-04

D. STREET ADDRESS (If rural, give location)

1509 Riverside Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

Nov 29, 1867

9. AGE (In years last birthday)

85

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work, including most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At home

13. FATHER'S NAME

William Lowery

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

Selma

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Earl D. Lowery, Towson, Md.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute pulmonary Edema during blood transfusion.

30 min

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Congestive heart failure 4 yrs
(C) Arteriosclerosis of coronary art. disease 4 yrs

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Pathological
Fracture rd. femur, epicondyle

19A. DATE OF OPERATION

None

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 13, 1953, to Sept 16, 1953, that I last saw the deceased alive on Sept 16, 1953, and that death occurred at 5:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

E. M. Mielow, Jr.

M. D.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

9-16-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Sept 19, 1953

24C. NAME OF CEMETERY OR CREMATORY

Linden Pk

24D. LOCATION (City, town, or county)

Balt

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

C. J. G. & Son, 1400 S. Charles St

NOT A MEDICAL EXAMINER'S CASE

William H. [Signature]
CHIEF OR ASST. MEDICAL EXAMINER

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-625

BORKMAN

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8358

Registered No. _____

BIRTH NO. 53 8358		1. NAME OF DECEASED (Type or Print) <i>Herman Borkman</i>		2. DATE OF DEATH <i>Sept. 15 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>8-02</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1626 North Port St.</i>		D. STREET ADDRESS (If rural, give location) <i>1626 North Port Street - #13</i>		c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Nov. 13 1867</i>	9. AGE (In years last birthday) <i>85</i>	If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer-Retired</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Balto City</i>		11. BIRTHPLACE (State or foreign country) <i>Germany</i>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>John Borkman</i>		14. MOTHER'S MAIDEN NAME <i>Anna Skubrick</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Henrietta E. Borkman - 1626 N. Port St.</i>	
1B. <i>422.1 and E 904.0</i> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Anticoagulant Cardiovascular</i> DUE TO (A) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) _____ (C) _____				INTERVAL BETWEEN ONSET AND DEATH <i>app 1 yr</i> M.D. CHIEF OR ASST. MEDICAL EXAMINER.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>fracture of humerus</i>				<i>5 wks.</i>	
19A. DATE OF OPERATION <i>Sept 11, 1953</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>home</i>	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? <i>1626 North Port St.</i>		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>Sept. 11, 1953 m.</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21F. HOW DID INJURY OCCUR? <i>Fell to floor in bedroom</i>		22. I hereby certify that I attended the deceased from <i>15 Jan</i> , 1953, to <i>15 Sept</i> , 1953, that I last saw the deceased alive on <i>15 Sept</i> , 1953, and that death occurred at <i>1 P.</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Howard J. ...</i>		23B. ADDRESS <i>1513 N. Milkman</i>		23C. DATE SIGNED <i>16 Sept 53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>9-18-53</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Schwartz's Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>		25. FUNERAL DIRECTOR <i>John C. Mallow Inc.</i>		ADDRESS <i>-2431 E. Oliver St.</i>	

8000 50

8000 50

RECEIVED
FEB 11 1964
U.S. AIR FORCE
HONOLULU, HAWAII

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 8359

BIRTH NO. 53 8359		2. DATE OF DEATH 9-15-53	
1. NAME OF DECEASED (Type or Print) Rudolph Schmidt, JR.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
3. PLACE OF DEATH: A. Baltimore City, Maryland		A. STATE Baltimore B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Sinai Hosp.		C. CITY OR TOWN (If outside corporate limits, write FULL name and township) Maryland 28-04	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1029 Hedgewood Road - #29	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 2, 1908
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10B. KIND OF BUSINESS OR INDUSTRY N. Hess - Sons	9. AGE (In years last birthday) 45 yrs.
13. FATHER'S NAME Rudolph Schmidt		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		11. BIRTHPLACE (State or foreign country) Balto. Md.	
16. SOCIAL SECURITY NO. 212-09-4493		14. MOTHER'S MAIDEN NAME Edna Moore	
17. INFORMANT Catherine V. Schmidt		ADDRESS 1029 Hedgewood Rd	
18. 002X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
DUE TO (A) MASSIVE Pulmonary Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 min	
ANTECEDENT CAUSES		(B) Pulmonary Tuberculosis	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 5-15-53	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Pulm. Tbc.	20. AUTO-PSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-10-53 to 9-15-53 that I last saw the deceased alive on 9-15-53 and that death occurred at 2 A. m., from the causes and on the date stated above.			
23A. SIGNATURE Norman Miller		23B. ADDRESS Sinai Hospital	
23C. DATE SIGNED 9-15-53			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Sept. 18 1953	24C. NAME OF CEMETERY OR CREMATORY Baltimore Cem	24D. LOCATION (City, town, or county) Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR John C. Miller Inc. - 2431 E. Oliver St.	

B-632
53 8360BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8360

BIRTH NO.		1. NAME OF DECEASED (Type or Print) JAMES BRIDGE		2. DATE OF DEATH September 15, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Country England B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION South Baltimore General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Liverpool 24-03		D. STREET ADDRESS (If rural, give location)	
c. Length of stay in Baltimore		Yrs. Mos. Days			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Apr 27 - 1919	9. AGE (In years last birthday) 34	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seaman		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Seaford England	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS British Consul	
18. E812.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Skull fracture (A) Skull fracture Subdural hemorrhage (B) Subdural hemorrhage Contusion of brain (C) Contusion of brain				INTERVAL BETWEEN ONSET AND DEATH	
II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (a. g., in or about home, farm, factory, street, office bldg., etc.) Street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Childs Street near Frankfurst Avenue 2516	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 9/15/53 1:00 A.M.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Pedestrian struck by automobile	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William V. Cook		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Sept. 15, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE SEPT. 17 1953		24C. NAME OF CEMETERY OR CREMATORY LORRAINE PARK	
24D. LOCATION (City, town, or county) (State) BALTIMORE MD.		24E. DATE RECEIVED BY LOCAL REGISTRAR		24F. REGISTRAR'S SIGNATURE	
24G. FUNERAL DIRECTOR William V. Cook, Inc.		24H. ADDRESS 1217 ST. PAUL ST.		24I. VS 151 js N 803.2 673 55	

-540

8361

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8361

Registered No.

IRTH NO.

NAME OF DECEASED
(Last, first, middle, and full name)PLACE OF DEATH
Baltimore City, MarylandFULL NAME OF DECEASED
(If not in hospital or institution, give street address or location)

1318 W. PRATT ST

Length of stay in Baltimore

SEX

MALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. USUAL OCCUPATION (Give kind of occupation during most of working life, or as if retired)

BOARD

10a. KIND OF BUSINESS OR INDUSTRY

CORK SEAL CO

FATHER'S NAME

John Donnelly

WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

no or unknown

16. SOCIAL SECURITY NO.

VIS-05-4734

8. DATE OF BIRTH

Aug 4, 1895

9. AGE (In years last birthday)

58

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

BALTO MD

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

HOUSE FRITZ

17. INFORMANT

MARY A. DONNELLY

ADDRESS

1318 W. PRATT ST

18. 163X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Coronary of Lung

INTERVAL BETWEEN ONSET AND DEATH

18 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Cerebral vascular accident

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 12, 1953 to Sept. 15, 1953, that I last saw the deceased alive on Sept. 13, 1953, and that death occurred at 10:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Wilson McKay

23B. ADDRESS

3325 Frederick Ave

23C. DATE SIGNED

Sept 17, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9-19-53

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Balto Md

25. DATE RECEIVED BY

REGISTRAR

REGISTRAR'S SIGNATURE

Ruth G. B. M. Walters

26. FUNERAL DIRECTOR

Ruth G. B. M. Walters

ADDRESS

763 32 PRATT & STRICKER STS

VS 150

1963

WASHINGTON

FEDERAL BUREAU OF INVESTIGATION
DEPARTMENT OF JUSTICE
OFFICE OF THE ATTORNEY GENERAL
WASHINGTON, D. C. 20535

1963

NAME OF DEATH

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **53 8362**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) LYNN D. FREUND			2. DATE OF DEATH September 16, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Union Memorial Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 527 Sheridan Avenue		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 18, 1940	9. AGE (in years last birthday) 13	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School girl			11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Milton C. Freund			14. MOTHER'S MAIDEN NAME Helen A. Barron		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. None		
17. INFORMANT Milton C. Freund, 527 Sheridan Avenue			ADDRESS		

18. E976x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Gunshot wound of chest involving heart and aorta		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 527 Sheridan Avenue	
21D. TIME (Month) (Day) (Year) (Hour) Sept. 16, 1953 5:00 P.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Shot self in chest	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William H. Stricker</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Sept. 17, 1953	
24A. NAME OF CEMETERY OR CREMATORY BALTO NATIONAL		24B. DATE 9-21-53		24C. LOCATION (City, town, or county) (State) BALTO MD	
24D. DATE RECEIVED BY LOCAL REGISTRAR		24E. REGISTRAR'S SIGNATURE <i>W. H. Stricker</i>		24F. FUNERAL DIRECTOR <i>W. H. Stricker</i>	

No.		Date		Description		Amount	

625

53 8363

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8363
Registered No.NAME OF DECEASED
(Last name or Print)

Yetta Harrison

2. DATE
OF
DEATH

9/17/53

PLACE OF DEATH:

Baltimore City, Maryland Baltimore

FULL NAME OF (If not in hospital or institution, give street address or location)
Liberian HospitalHOSPITAL OR
INSTITUTION

Length of stay in Baltimore

Yrs.
Mos.
Days6. COLOR OR RACE
W. 15.7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY
Md. Baltimore MdC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 15-11D. STREET ADDRESS (If rural, give location)
3402 Calloway Ave.

B. DATE OF BIRTH

Sept. 22, 1867

9. AGE (in years
last birthday) 8511 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.USUAL OCCUPATION (Give kind of
one during most of working life, even if retired)
Housewife10B. KIND OF BUSINESS OR
INDUSTRY
at home11. BIRTHPLACE (State or foreign country)
Germany12. CITIZEN OF
WHAT COUNTRY?

FATHER'S NAME

Summerfield

14. MOTHER'S MAIDEN NAME

Unknown

WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

10

16. SOCIAL
SECURITY NO.
none

17. INFORMANT

ADDRESS

Mrs. Hortense Levinson-3402 Calloway Ave

B. 420.0
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) DUE TO
Pulmonary edema

ANTECEDENT CAUSES

(B) DUE TO
Atherosclerotic heart diseaseDISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C) DUE TO

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/17, 1953, to 9/17, 1953, that I last saw the
deceased alive on 9/17, 1953, and that death occurred at 11:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Helen's Bain

23B. ADDRESS

Liberian Hospital

23C. DATE SIGNED

9/17/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

9/18/53

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Cem;

24D. LOCATION (City, town, or county)

Staunton, Va.

RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Thos. J. Vickner & Sons

Balto. 17, Md.

VS 150

1938
1938
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1928

22

-143

3 8365

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8365
Registered No.

IRTH NO.

NAME OF DECEASED
(Type or Print)

BERTHA-MADELINE SCHOFIELD

2. DATE
OF
DEATH

Sept 17, 1953

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

2824 Waterview Ave

Period of stay in Baltimore

Lifetime

SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

USUAL OCCUPATION (Give kind of
occupation during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR
INDUSTRY

at home

FATHER'S NAME

Armand

WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

no or unknown

16. SOCIAL
SECURITY NO.

320-18-8132

17. INFORMANT

Joseph B. Schofield

ADDRESS

2824 Waterview Ave

18. 174X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Carcinoma Uterus.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 14, 1953 to Sept. 17, 1953, that I last saw the
deceased alive on Sept 15, 1953, and that death occurred at 4 a.m., from the causes and on the date stated above.

23a. SIGNATURE

George F. Shannon

23b. ADDRESS

820 Medical Arts Bldg

23c. DATE SIGNED

Sept 12, 1953

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

Burial Sept 19, 1953

Dread Ridge Cem.

Pikesville

Md

25. RECEIVED BY
REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

EPT 81053

Funeral Home

John H. Grief 5311 Edmondson Ave

VS 150

THE UNIVERSITY OF CHICAGO

[Faint, illegible handwritten text follows, likely bleed-through from the reverse side of the page.]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

N-460

53 8366

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8366

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
LEONARD L. NAYLOR		Sept. 15, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 124 W. Mosher Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 14-01	
C. Length of stay in Baltimore Life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 124 W. Mosher Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Dec. 1888
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist Helper		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 64 yrs
11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Naylor		14. MOTHER'S MAIDEN NAME unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes World War I		16. SOCIAL SECURITY NO. 216-03-9725	
17. INFORMANT Mr Richard Kiefer		ADDRESS Calvert Redwood Sts	
18. 443X CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Hypertensive cardiovascular disease DUE TO			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23. SIGNATURE Joseph G. Jackson		23C. DATE SIGNED Sept. 16, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sept 18/53	
24C. NAME OF CEMETERY OR CREMATORY Cedar Hill		24D. LOCATION (City, town, or county) (State) Baltimore	
DATE RECEIVED BY LOCAL REGISTRAR SEPT 18 1953		REGISTRAR'S SIGNATURE Philip Haurig	
FUNERAL DIRECTOR Philip Haurig		ADDRESS 2024 Orleans St	

1950

1950

1950

1950

1950

1950

1950

1950

1950

1950

-620

3 8367

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8367

Registered No.

IRTH NO.

NAME OF DECEASED
(Type or Print)

ROSE E. DURKEE

2. DATE
OF
DEATH

9/17/53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

MARYLAND GENERAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

MD.

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

5300

D. STREET ADDRESS (If rural, give location)

8315 PHILADELPHIA

E. Length of stay in Baltimore

LIFE (83)

SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

Yrs.
Mos.
Days

8. DATE OF BIRTH

2 Oct 1870

9. AGE (In years
last birthday)

83

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

- H.W.

10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF
WHAT COUNTRY?

U.S.

FATHER'S NAME

JOHN SCHORR

14. MOTHER'S MAIDEN NAME

LENA ?

WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

U. K.

17. INFORMANT

ADDRESS

RECORDS - HOSPITAL

18. 422.1 and E903.0
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) Sudden Cardiac Failure
DUE TO Atherosclerotic cardiac disease(B) Fract. Femur Lt.
DUE TO CERTIFICATION APPROVED BY(C) Joseph A. Jackimczyk
M.D.
CHIEF OR ASST. MEDICAL EXAMINER.
Chronic Benign Senile Changes.INTERVAL BETWEEN
ONSET AND DEATH-
6 + M.
4 Days.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

9/17/53

19B. MAJOR FINDINGS OF OPERATION

Fract. left femur

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☒
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

HOME

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

ABOVE

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

9/17/53 approx 6:00 A.m.

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☒
WORK AT WORK

21F. HOW DID INJURY OCCUR?

slipped on way to bathroom.

22. I hereby certify that I attended the deceased from 9/13, 1953, to 9/17, 1953, that I last saw the
deceased alive on 9/17, 1953, and that death occurred at 10:00 A.m., from the causes and on the date stated above.

23A. SIGNATURE

John A. McIntosh M.D.

23B. ADDRESS

Md. General Hosp

23C. DATE SIGNED

9/17/53

A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

9-21-53

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Balt.

(State)

Md

TE RECEIVED BY
REGISTER

REGISTRAR'S SIGNATURE

Theresa 95300

25. FUNERAL DIRECTOR

Theodore J. Blight

ADDRESS

6009 Harford Rd



-250

53 8368

TH NO.

NAME OF DECEASED
(Type or Print)

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

TITUTION

LUTHERAN HOSPITAL OF MARYLAND

Date of stay in Baltimore

SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)10b. KIND OF BUSINESS OR
INDUSTRY

FATHER'S NAME

JOHN PATRICK JOSEPH REGAN

9. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

11b. 762.0

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A) PULMONARY ATELECTASIS COMPLETE, 45 mins.
BILATERAL

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH19a. DATE OF OPERATION
September 17, 1953

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☒ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from September 12, 1953, to September 17, 1953, that I last saw the
deceased alive on September 17, 1953, and that death occurred at 1:25 A.M., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

25. RECEIVED BY
CAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

8012 20

8012 20

WETTER

1-252

3 8369

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8369
Registered No.

IRTH NO.

NAME OF DECEASED
(Last, first, middle, or Print)

Daniel J. Mc Gonigle, Jr.

2. DATE
OF
DEATH

9/15/53

PLACE OF DEATH:

Baltimore City, Maryland 723 E 32nd St

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

FULL NAME OF
HOSPITAL OR
INSTITUTION

1923 E. 32nd St 906

C. CITY OR TOWN (If outside corporate limits, write RURAL and state township)

Baltimore - Md

D. STREET ADDRESS (If rural, give location)

1923 E 32nd St.

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)8. USUAL OCCUPATION (Give kind of
occupation during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

Labeled Letter Carrier

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

Baltimore -

U.S.A.

FATHER'S NAME

14. MOTHER'S MAIDEN NAME

WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Miss D. J. Mc Gonigle, Same

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage

10 days

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☒
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK22. I hereby certify that I attended the deceased from 1950 to 9-15, 1953, that I last saw the
deceased alive on 9-15, 1953, and that death occurred at 4 P. M., from the causes and on the date stated above.

23A. SIGNATURE

John A. Hooper

M. D.

23B. ADDRESS

3534 Ellerslie Ave

23C. DATE SIGNED

9-17-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

4534

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of informant		12. Signature of witness	
13. Signature of medical examiner		14. Signature of coroner		15. Signature of jury	
16. Signature of health officer		17. Signature of board of health		18. Signature of board of directors	
19. Signature of board of trustees		20. Signature of board of managers		21. Signature of board of directors	
22. Signature of board of directors		23. Signature of board of directors		24. Signature of board of directors	
25. Signature of board of directors		26. Signature of board of directors		27. Signature of board of directors	
28. Signature of board of directors		29. Signature of board of directors		30. Signature of board of directors	
31. Signature of board of directors		32. Signature of board of directors		33. Signature of board of directors	
34. Signature of board of directors		35. Signature of board of directors		36. Signature of board of directors	
37. Signature of board of directors		38. Signature of board of directors		39. Signature of board of directors	
40. Signature of board of directors		41. Signature of board of directors		42. Signature of board of directors	
43. Signature of board of directors		44. Signature of board of directors		45. Signature of board of directors	
46. Signature of board of directors		47. Signature of board of directors		48. Signature of board of directors	
49. Signature of board of directors		50. Signature of board of directors		51. Signature of board of directors	
52. Signature of board of directors		53. Signature of board of directors		54. Signature of board of directors	
55. Signature of board of directors		56. Signature of board of directors		57. Signature of board of directors	
58. Signature of board of directors		59. Signature of board of directors		60. Signature of board of directors	
61. Signature of board of directors		62. Signature of board of directors		63. Signature of board of directors	
64. Signature of board of directors		65. Signature of board of directors		66. Signature of board of directors	
67. Signature of board of directors		68. Signature of board of directors		69. Signature of board of directors	
70. Signature of board of directors		71. Signature of board of directors		72. Signature of board of directors	
73. Signature of board of directors		74. Signature of board of directors		75. Signature of board of directors	
76. Signature of board of directors		77. Signature of board of directors		78. Signature of board of directors	
79. Signature of board of directors		80. Signature of board of directors		81. Signature of board of directors	
82. Signature of board of directors		83. Signature of board of directors		84. Signature of board of directors	
85. Signature of board of directors		86. Signature of board of directors		87. Signature of board of directors	
88. Signature of board of directors		89. Signature of board of directors		90. Signature of board of directors	
91. Signature of board of directors		92. Signature of board of directors		93. Signature of board of directors	
94. Signature of board of directors		95. Signature of board of directors		96. Signature of board of directors	
97. Signature of board of directors		98. Signature of board of directors		99. Signature of board of directors	
100. Signature of board of directors		101. Signature of board of directors		102. Signature of board of directors	

-530

53 8370

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53 8370

1. NAME OF DECEASED (Last, first, middle, or Print) Phyllis Quimette		2. DATE OF DEATH 9/16/53	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY Baltimore	
5. FULL NAME OF (If not in hospital or institution, give street address or location) Mercy Hosp., inc.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. COLOR OR RACE White		D. STREET ADDRESS (If rural, give location) 417 F. St. Sparrow's Point	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH JAN. 3, 1953	9. AGE (In years last birthday) 9	10. KIND OF BUSINESS OR INDUSTRY Life
11. BIRTHPLACE (State or foreign country) MD.	12. CITIZEN OF WHAT COUNTRY? USA	13. FATHER'S NAME Wilfrid Tyree Quimette	
14. MOTHER'S MAIDEN NAME Romaine Tyree	15. INFORMANT Father	16. SOCIAL SECURITY NO. 417 F. St. Sparrow's Point	
17. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Medullary Depression			
18. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hydrocephalus			
19. DATE OF OPERATION 7/14/53			
20. MAJOR FINDINGS OF OPERATION 44 hrs (9 mo.) life			
21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. TIME (Month) (Day) (Year) (Hour) OF INJURY		21F. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from 7/14/53 , to 9/16/53 , that I last saw the deceased alive on 9/16/53 , and that death occurred at 6 P.m. , from the causes and on the date stated above.			
23A. SIGNATURE R. Scheller		23B. ADDRESS Mercy Hospital	
23C. DATE SIGNED 9-16-53		23D. LOCATION (City, town, or county) (State) COLGATE MD	
24A. BURIAL, CREMATION, REMOVAL (Specify) URIAL		24B. DATE SEPT 19, 1953	
24C. NAME OF CEMETERY OR CREMATORY OAK LAWN		24D. FUNERAL DIRECTOR VEURICH FUNERAL HOME	
24E. RECEIVED BY CAL REGISTRAR 5300		24F. ADDRESS 2112 DUNDALK	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8371
Registered No.53 8371
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

Ruth Sherman

2. DATE
OF
DEATH

Sep. 16, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, in institution; residence
A. STATE B. COUNTY before admission)

A. STATE Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 11-02

D. STREET ADDRESS (If rural, give location)

1028 Cathedral St

c. Length of stay in Baltimore

60 Yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

4-14-1872

9. AGE (In years,
last birthday)

81

If Under 1 Year
Months; DaysIf Under 24 Hours
Hours; Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

NURSE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

VIRGINIA

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

FRANKLIN SHERMAN

14. MOTHER'S MAIDEN NAME

CAROLINE ALVORD

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
JOHNS HOPKINS HOSPITAL

ADDRESS

18. E916.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Severe Body Burns (73%) 7 days
(Accidental Ignition of Clothing)

ANTECEDENT CAUSES

(B)

DUE TO

CERTIFICATION APPROVED BY

(C)

Joseph A. Jackson, Jr.
M.D.

CHIEF OR ASST. MEDICAL EXAMINER.

Generalized arteriosclerosis

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

AT HOME

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

1028 CATHEDRAL ST. 11/2

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

SEPTEMBER 9, 1953 8 AM

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒21F. HOW DID INJURY OCCUR? WHILE COOKING BREAK
FAST

ACCIDENTAL IGNITION CLOTHING

22. I hereby certify that I attended the deceased from 9/9, 1953, to 9/16, 1953, that I last saw the
deceased alive on 9/16, 1953, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Victor B. Nelson, M.D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

9/17/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

9-19-1953

24C. NAME OF CEMETERY OR CREMATORY

DRUID RIDGE

24D. LOCATION (City, town, or county)

Pikesville

(State)

MD

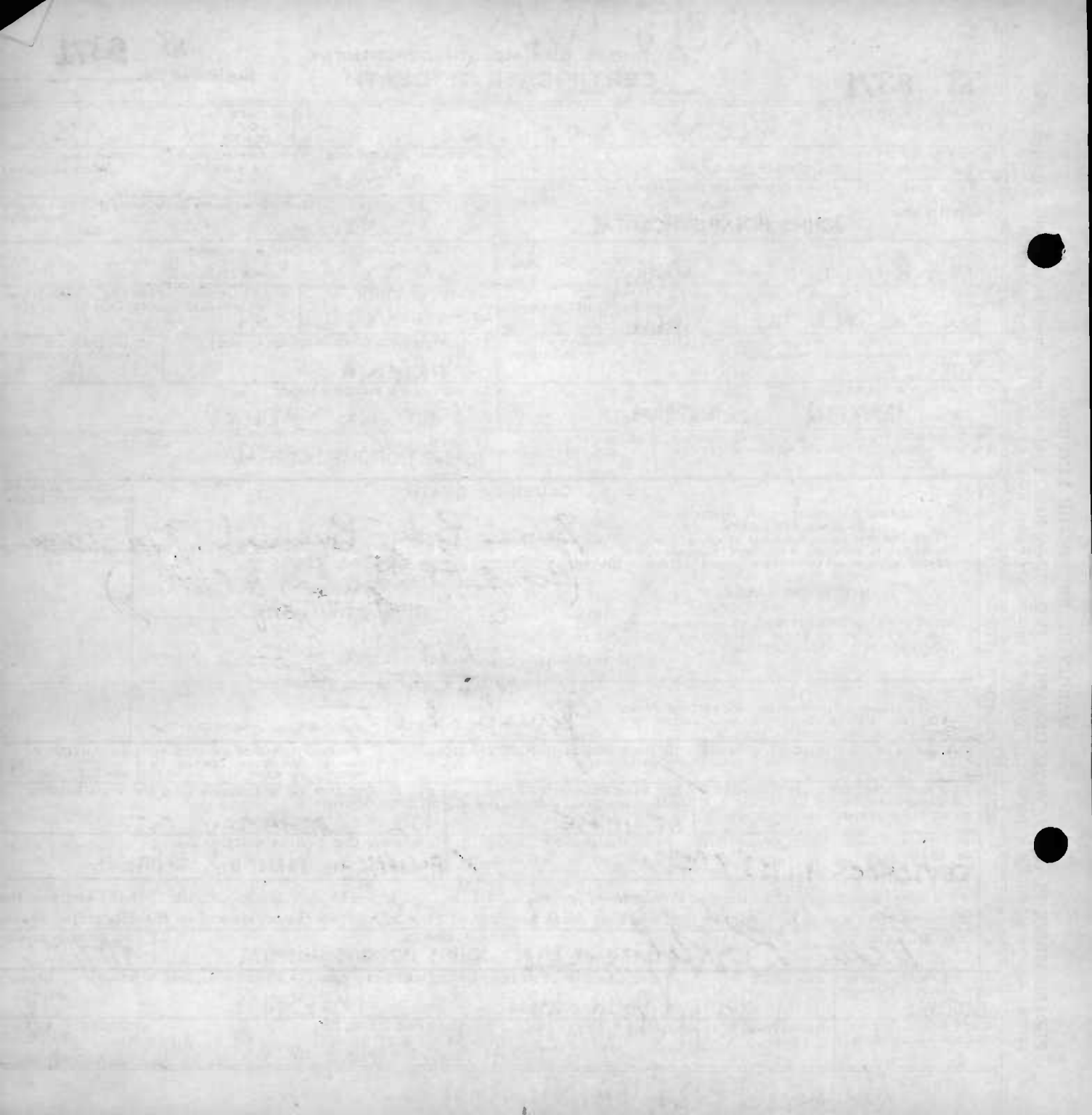
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

H.W. JENKINS & SONS Co. 4905 YORK RD.

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. **53 8372**BIRTH NO. **53 8372 52-01849**

1. NAME OF DECEASED (Type or Print) ARGO CARTER		2. DATE OF DEATH 9-15-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 16-03	
c. Length of stay in Baltimore life		D. STREET ADDRESS (If rural, give location) 1144 N. Gilmore St.	
5. SEX female	6. COLOR OR RACE ed	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) child	8. DATE OF BIRTH Jan. 25 1952
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) 1 1/2 yrs	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore Maryland	
13. FATHER'S NAME Peter Robinson		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME Carrie Carter	
16. SOCIAL SECURITY NO.		17. INFORMANT Carrie Carter 1144 N. Gilmore St.	

18. 204.3	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) acute anemia secondary to	
ANTECEDENT CAUSES	(B) acute leukemia	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	

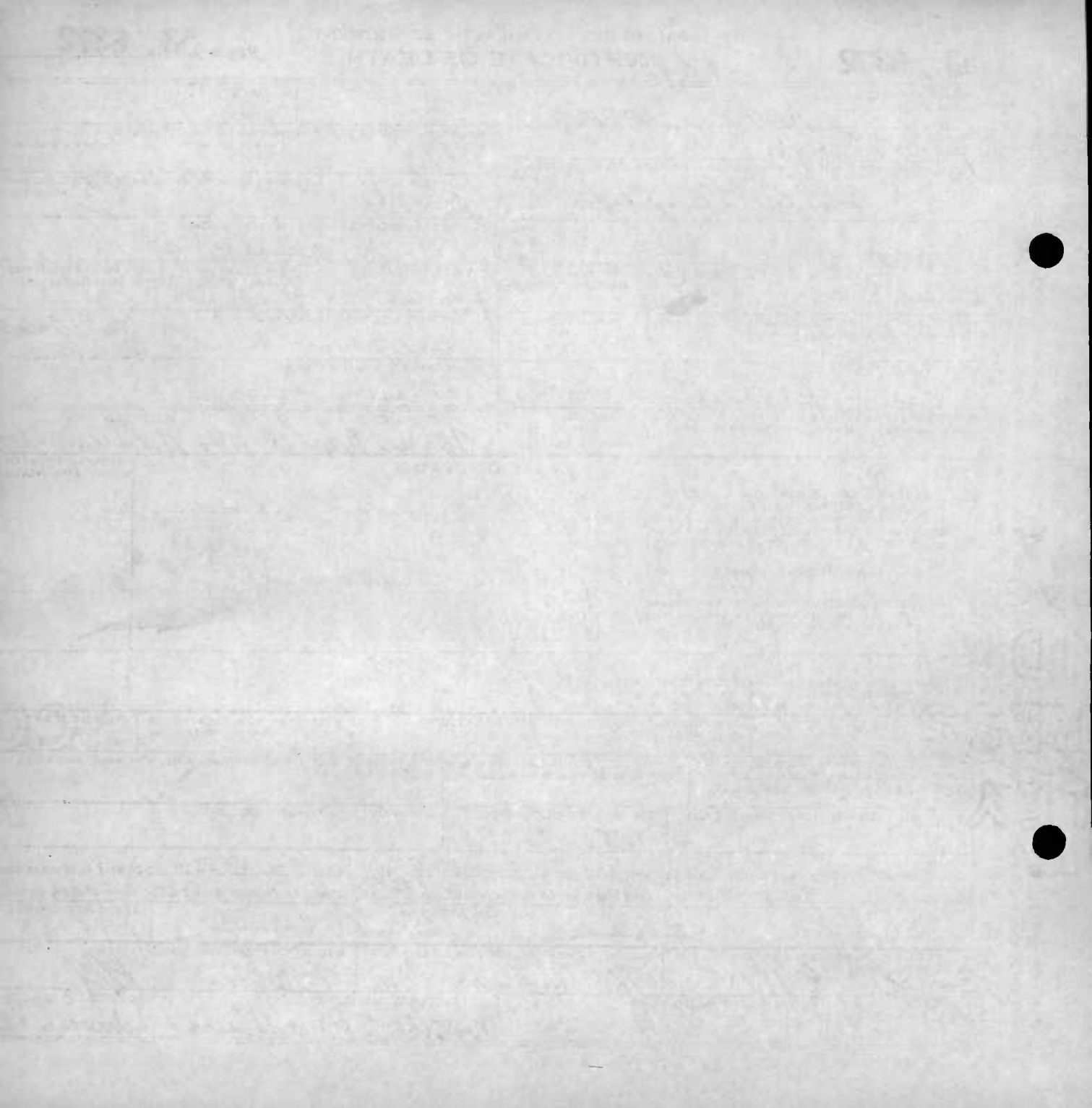
II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **9-15-53** 19, to **9-15-53** 19, that I last saw the deceased alive on **9-15-53** 19, and that death occurred at **6:21** m., from the causes and on the date stated above.

23A. SIGNATURE Ignacio T. Garcia	23B. ADDRESS Provident Hospital	23C. DATE SIGNED 9-16-53
24A. BURIAL CREMATION, REMOVAL (Specify) burial	24B. DATE 9/19/53	24C. NAME OF CEMETERY OR CREMATORY Wt Auburn Cem
24D. LOCATION (City, town, or county) (State) Balto. MD	25. FUNERAL DIRECTOR Mrs. Katie R. Williams	ADDRESS 322 N. Schroeder St.
DATE RECEIVED BY LOCAL REGISTRAR SEP 18 1953		
REGISTRAR'S SIGNATURE H. H. Williams		



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8373
Registered No.53 8373 *Nov Res.*

1. NAME OF DECEASED (Type or Print) Michael D. Deaton			2. DATE OF DEATH 18 Sept 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Montgomery		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Silver Springs		
C. Length of stay in Baltimore 14 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 909 Robin Road 6500		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 8-12-48	9. AGE (In years last birthday) 5	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Seth L. Deaton Jr.			14. MOTHER'S MAIDEN NAME Adeline M. Petersen		
15. WAS DECEASED EVER IN U. S. ARMY, NAVY, AIR FORCE, OR MARINE CORPS? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Father (Same as above)		
18. 754.5 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral edema DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cardiac arrest on operating table DUE TO Coarctation of Aorta					INTERVAL BETWEEN ONSET AND DEATH 2 hours 8 hours
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hypertension					
19A. DATE OF OPERATION 9-17-53		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Coarctation of Aorta		19C. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from September 17, 1953 , to Sept 18, 1953 , that I last saw the deceased alive on Sept 18, 1953 , and that death occurred at 4:40 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE <i>Wayne D. Deaton Jr.</i>			23B. ADDRESS University Hospital, Baltimore		23C. DATE SIGNED 9-18-53
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 9-18-53	24C. NAME OF CEMETERY OR CREMATORY Bethesda - Md.		24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR SEP 18 1953		REGISTRAR'S SIGNATURE <i>Thurman</i>		25. FUNERAL DIRECTOR ADDRESS Robert A. Gungl - 7556 Wis Ave. Bethesda, Maryland	

5703

5703

1-2
0-5

1-2-5

3 8374

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8374
Registered No.

NAME OF DECEASED
(Type or Print)

PLACE OF DEATH:
Baltimore City, Maryland

FULL NAME OF DECEASED
(If not in hospital or institution, give street address or location)

Length of stay in Baltimore

SEX
Male Colored

1. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired)

Laborer

FATHER'S NAME

Unknown

2. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

Unknown

18. 422.1

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 11, 1953, to Sept. 16, 1953, that I last saw the deceased alive on Sept. 11, 1953, and that death occurred at 2:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

25A. RECEIVED BY

REGISTRAR'S SIGNATURE

25B. FUNERAL DIRECTOR

ADDRESS

See Document-File for:

Memo from Dr. Charlotte Silverman, Dir., Bureau of Tbc., BCHD.

and

Correspondence between Dr. William R. Johnson, Medical Arts Bldg., and
(attending physician) 9/24/53, 9/25/53.

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-650
8375

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8375
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>Gretchen Berney</i>			2. DATE OF DEATH <i>Sept-17-1953</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Marburg 2</i>			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Md</i> B. COUNTY			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-20</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			D. STREET ADDRESS (If rural, give location) <i>Arlington Pk. Apts. 4C</i>			E. Length of stay in Baltimore Yrs. Mos. Days		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <input checked="" type="checkbox"/> MARRIED	8. DATE OF BIRTH <i>7-17-77</i>	9. AGE (In years last birthday) <i>76</i>	10. UNDER 1 Year Months Days	11. UNDER 24 Hours Hours Min.	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housework</i>			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <i>Germany</i>		
13. FATHER'S NAME <i>Jacob Hochschild</i>			14. MOTHER'S MAIDEN NAME <i>Abraham</i>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>			ADDRESS		
18. <i>581.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Acute Hepatic Failure</i> DUE TO <i>cirrhosis of liver</i> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Hemorrhage from esophageal varices</i>			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION <i>9-17-53</i>			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED			IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21F. HOW DID INJURY OCCUR?			22. I hereby certify that I attended the deceased from <i>9-15</i> , 19 <i>53</i> , to <i>9-17</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>9-17</i> , 19 <i>53</i> , and that death occurred at <i>11</i> A.M., from the causes and on the date stated above.			23A. SIGNATURE <i>W. Beardsley</i>		
23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>			23C. DATE SIGNED <i>9/17/53</i>			24A. BURIAL, CREMATION, REMOVAL (Specify) <i>cremation</i>		
24B. DATE <i>9-18-53</i>			24C. NAME OF CEMETERY OR CREMATORY <i>Greenmount Cemetery, Baltimore, Md.</i>			24D. LOCATION (City, town, or county) (State)		
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 18 1953</i>			REGISTRAR'S SIGNATURE <i>Thurston</i>			25. FUNERAL DIRECTOR'S ADDRESS <i>David R. Martin, 1902 Eutaw Place</i>		

MARGIN RESERVED FOR BINDING

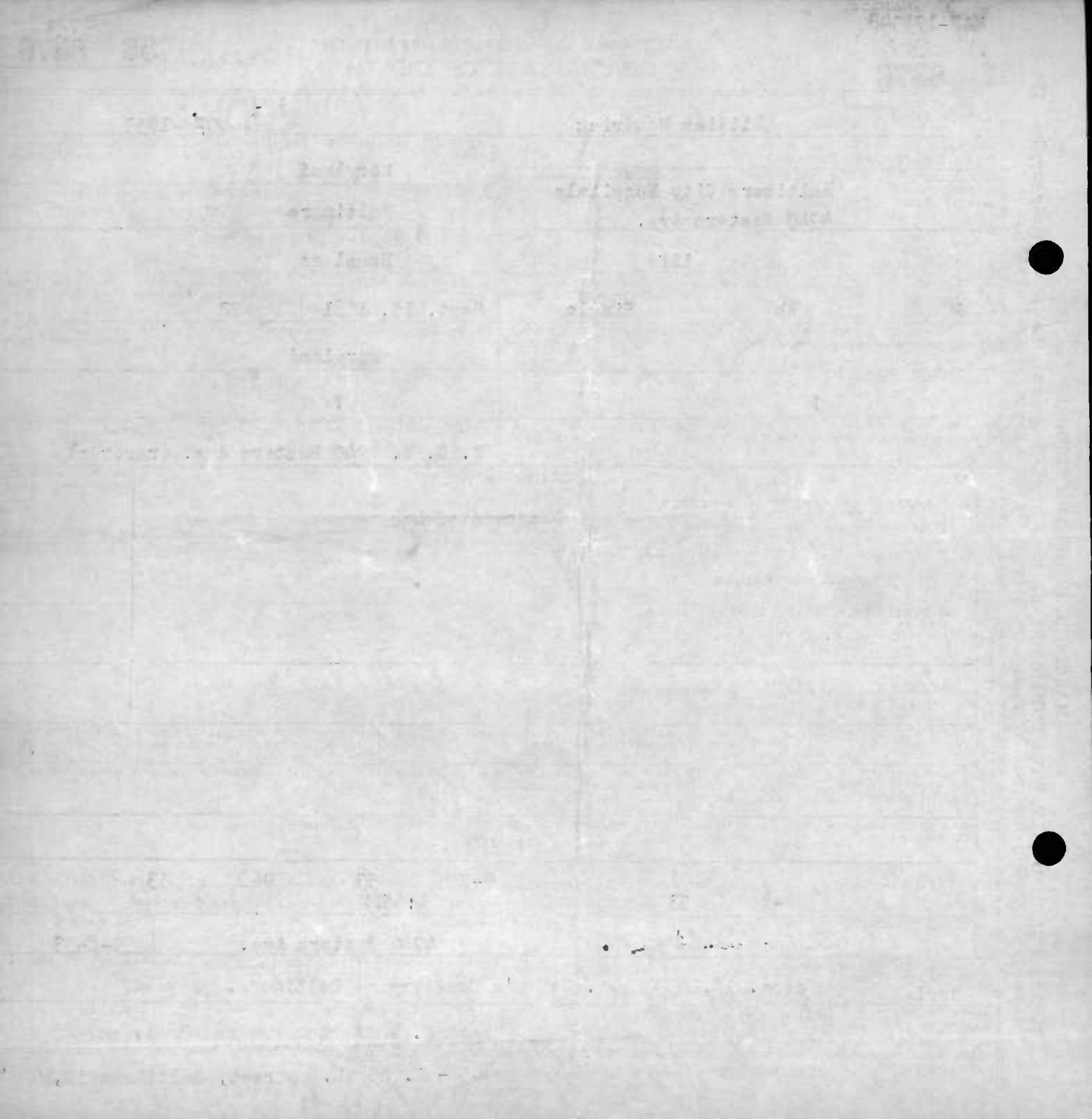
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

 MAY-174348
 W-362
 3 8376

 BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH

Registered No. 53 8376

1. NAME OF DECEASED (Type or Print) William Woodrick		2. DATE OF DEATH 9-8-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
8. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR Baltimore City Hospitals INSTITUTION 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-12	
c. Length of stay in Baltimore life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) Homeless	
5. SEX M	6. COLOR OR RACE Wh	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	9. AGE (in years last birthday) 72
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) Maryland	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME ?		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT B. C. H. 4940 Eastern Ave. (records)		ADDRESS	
18. 455X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Gangrene of Leg DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) (C)			INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 9-8-53	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-7 , 19 53 , to 9-8 , 19 53 that I last saw the deceased alive on 9-8 , 19 53 , and that death occurred at 4:45 PM from the causes and on the date stated above.			
23A. SIGNATURE <i>Dr. J. L. ...</i>		23B. ADDRESS 4940 Eastern Ave.	23C. DATE SIGNED 9-8-53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Sept. 18, 1953	24C. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE RECEIVED BY LOCAL REGISTRAR SEP 18 1953	REGISTRAR'S SIGNATURE <i>...</i>	25. FUNERAL DIRECTOR Earl B. Wolferton Funeral Home, Inc	
ADDRESS 403 - E. 25 th. Street, Baltimore 18, Md			



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

J-162
53 8377BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8377
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

See Jefferson

2. DATE
OF
DEATH

September 14, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)

INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write U.R.A. and give
township)

D. STREET ADDRESS (If rural, give location)

208 E. Lafayette Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

8-22-02

9. AGE (in years
last birthday)

51

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

S.C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Jefferson

14. MOTHER'S MAIDEN NAME

Mary Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

240-10-5497

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

204.0

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

Chronic myeloid leukemia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-14, 1953, to 9-14, 1953 that I last saw the
deceased alive on 9-14, 1953, and that death occurred at 7:15 p.m., from the causes and on the date stated above.

23. SIGNATURE

W.E. Mattison

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

9-14-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Sept 18 1953

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary

24D. LOCATION (City, town, or county)

A.A.C. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Isaiah L Brown Son

1080 Montg omery St

VS 150

778 22

DEPARTMENT OF THE ARMY
HEADQUARTERS

778 22

[Faint, mostly illegible handwritten text, possibly a letter or report, covering the majority of the page.]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8378
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mr. John H. Strack			2. DATE OF DEATH 9/17/1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 4404 Woodlea Ave		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 5, 1894	9. AGE (In years last birthday) 59	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Policeman			11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		
13. FATHER'S NAME Charles Strack			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes W.W.I			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. Rosa May Strack			ADDRESS 4404 Woodlea		

18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO		(A) Myocarditis		June 1952	
DUE TO		(B) Coronary Infarct		Sept 17, 1953	
DUE TO		(C)			
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 10, 1953, to Sept 15, 1953, that I last saw the deceased alive on Sept 15, 1953, and that death occurred at 3:30 m. from the causes and on the date stated above.							
23A. SIGNATURE Harry Lachnar M. O.		23B. ADDRESS 4530 Belair Rd		23C. DATE SIGNED Sept 17, 1953			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sept. 21, 1953		24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR SEP 18 1953		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Leonard J. Ruck		ADDRESS 5305 Harford Road.	

VS 150

77393

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

8778 82

82

82 8778



0-632
8379

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8379

1. NAME OF DECEASED (Last, first, middle, or Print)		2. DATE OF DEATH	
Anthony Joseph Dardozzi Jr.		Sept. 17, 1953	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)	
FULL NAME OF (If not in hospital or institution, give street address or location) St. Joseph's Hospital 1400 N. Caroline St.		A. STATE Md. B. COUNTY	
Length of stay in Baltimore Yrs. Mos. Days		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 4518 Furley Ave. #6		26-02	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH May 3, 1947
9. AGE (In years last birthday) child	10a. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore Md.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Anthony Joseph Dardozzi, Sr.		14. MOTHER'S MAIDEN NAME Shirley Mae Cheeseman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no or unknown		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr. Anthony J. Dardozzi		ADDRESS 4518 Furley	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) Dehydration (B) Broncho-pneumonia (C) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Atrophy of Muscles of all Extremities			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept. 16, 1953 to Sept. 17, 1953 that I last saw the deceased alive on Sept. 17, 1953, and that death occurred at 11:35 PM from the causes and on the date stated above.			
23a. SIGNATURE Carlo Forno		23b. ADDRESS M. D. 1400 N. Caroline St.	
23c. DATE SIGNED Sept. 17, 1953			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 21, 1953	24c. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.	24d. LOCATION (City, town, or county) (State) Baltimore, Maryland
25. DATE RECEIVED BY LOCAL REGISTRAR	26. REGISTRAR'S SIGNATURE	27. FUNERAL DIRECTOR Leonard J. Ruck, 5305 Harford Road.	

873

873

MINNESOTA DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

873



53 8380

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM EMORY GREENE

2. DATE OF DEATH September 16, 1953

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Maryland General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

612 Carrollton Ave

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 31 1899

9. AGE (In years last birthday)

54

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Janitor

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Bald Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Martha?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Lennie Green

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A) Brain tumor Arteriosclerosis, occlusion of cerebral vessels.

(B) Acute brain swelling

(C) Pontine hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Willis H. Lovett

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED Sept. 17, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 21, 1953

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cem.

24D. LOCATION (City, town, or county) (State)

B. G. County Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

1953 9 5 30

25. FUNERAL DIRECTOR

Mrs. F. A. G. Elliott & Daughters

ADDRESS

See letter in Document file from
Dr. Wm. V. Lovitt, Jr.,
Asst. Medical Examiner
(autopsy findings)

53

8381

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8381

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Brown

2. DATE
OF
DEATH

Sep. 16, 1953

3. PLACE OF DEATH:

a. Baltimore City, Maryland

Accident Room

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution; residence
before admission)

A. STATE

B. COUNTY

Ind.

c. CITY OR TOWN

(If outside corporate limits, write R.R. and give township)

Baltimore

d. STREET ADDRESS (If rural, give location)

1402 E. Biddle St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

7 1906

9. AGE (In years
last birthday)

47

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Unemployed Laborer

10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18.

241X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Respiratory failure

ANTECEDENT CAUSES

(B)

DUE TO

asthma

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY21e. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/16, 1953, to 9/16, 1953, that I last saw the
deceased alive on 9/16, 1953, and that death occurred at 12:35 p. m., from the causes and on the date stated above.

23a. SIGNATURE

James V. Maloney

M. D.

23b. ADDRESS

JOHNS HOPKINS HOSPITAL

23c. DATE SIGNED

9/16/53

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

Sept 19/53

24c. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cemetery

24d. LOCATION (City, town, or county)

A. A. County Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

RECEIVED

1129 N. Caroline St.

Mrs. Robert G. Elliot & Daughter

VS 150

Released to hospital 9-20-53

1129 N. Caroline St.

[Faint, illegible handwriting]

R-152
8382BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8382

IRTH NO.

NAME OF DECEASED

Type or Print) BRIDGETT ROBINSON

2. DATE
OF
DEATH

SEPT. 17, 1953

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or

HOSPITAL OR INSTITUTION 2733 HARLEM AVENUE location)

BALTIMORE 16, MD

Length of stay in Baltimore

Yrs.
2 Mos.
20 Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

SOUTH CAROLINA KERSHAW

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BETHUNE, S. CAROLINA

D. STREET ADDRESS (If rural, give location)

ROUTE 2

V-37

SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

12/10/17

9. AGE (In years
last birthday)

76

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

SOUTH CAROLINA

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

MATTHEW DUBOSE

14. MOTHER'S MAIDEN NAME

KITTY PELMA

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS
HANNAH DUBOSE 2733 HARLEM AVE
BALTIMORE 16 MD

18. 151X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) METASTASES FROM

2490

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) CARCINOMA OF STOMACH

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., io or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 28, 1953, to Sept 17, 1953 that I last saw the
deceased alive on Sept 16, 1953, and that death occurred at 6:45 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

CERTIFICATE OF DEATH

BALTIMORE HEALTH DEPARTMENT

8889

8889

2

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

TIME OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

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DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

TIME OF BIRTH

PLACE OF BIRTH

CAUSE OF BIRTH

2-362
8383

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8383

NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Albert Peters		Sept. 16, 1953	
PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
FULL NAME OF (If not in hospital or institution, give street address or location)		A. STATE Maryland B. COUNTY	
Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
Length of stay in Baltimore 47 yrs.		D. STREET ADDRESS (If rural, give location)	
SEX Male		4308 Denney Ave.	
6. COLOR OR RACE colored		8. DATE OF BIRTH	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		7-8-1905	
A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)		9. AGE (In years last birthday) 47	
Chauffeur		10. BIRTHPLACE (State or foreign country)	
Parking Co.		Baltimore, Maryland	
FATHER'S NAME		12. CITIZEN OF WHAT COUNTRY?	
Albert Peters		U.S.A.	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME	
		Mary Smith	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
		Mrs. Rosella Peters - 4308 Denney Ave.	
18. 410X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
ANTECEDENT CAUSES		Congestive Heart failure	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO	
		Mitral Insufficiency and Stenosis	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-23, 1953, to 9-16, 1953, that I last saw the deceased alive on 9-16, 1953 and that death occurred at 7:30 A.M., from the causes and on the date stated above.			
23A. SIGNATURE		23B. ADDRESS	
George R. Lyons M.D.		Provident Hospital	
23C. DATE SIGNED		23D. LOCATION (City, town, or county) (State)	
9-16-53		Baltimore Maryland	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
Burial		9/19/53	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Mt Auburn Cemetery		Baltimore Maryland	
25. FUNERAL DIRECTOR ADDRESS		25. FUNERAL DIRECTOR ADDRESS	
Halland Funeral Home		1631 Dand Hill Ave.	

8000

8000

RECEIVED BY THE UNITED STATES DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D. C.

8000



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8384

BIRTH NO. 53 8384

1. NAME OF DECEASED
(Type or Print)

DAVID

ROSE

2. DATE
OF DEATH Sept. 17, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

402 Gittings Avenue

C. CITY OR TOWN (If outside corporate limits, write full name and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

402 Gittings Ave.

c. Length of stay in Baltimore 2 Months

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Oct. 5, 1947

9. AGE (In years
last birthday)

5

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Alexander Rose III

14. MOTHER'S MAIDEN NAME

Mary Carman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Alexander Rose--above address

18. E925.8

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Asphyxia

DUE TO Burial under lumber pile

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Pulmonary edema

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)
lot next to home21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

402 Gittings Avenue

21D. TIME (Month) (Day) (Year) (Hour)
of INJURY
Sept. 17, 1953 about P. 8:0021E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☒
WORK AT WORK21F. HOW DID INJURY OCCUR? Playing on lot;
several hundred lbs. lumber fell on top
of him22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Joseph A. Jackson, Jr.

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
Sept. 18, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Cremation

24B. DATE

9/19/53

24C. NAME OF CEMETERY OR CREMATORY

Green Mount Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Henry W. Jenkins & Sons Co., Inc.
4905 York Rd., Balto. 12, Md.

VS 151

N 991X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAIN, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0-300
8385

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8385

IRTH NO.

NAME OF DECEASED
(Please Print)

ISAAC ROY DODD

2. DATE
OF
DEATH

Sept. 17, 1953

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Bon Secours Hospital

Length of stay in Baltimore

Yrs.
Mos.
Days

SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Apr. 28, 1885

9. AGE (In years last birthday)

68

If Under 1 Year Months: Days Hours: Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Printer

10B. KIND OF BUSINESS OR INDUSTRY

Fiberboard

11. BIRTHPLACE (State or foreign country)

New Jersey

12. CITIZEN OF WHAT COUNTRY?

FATHER'S NAME

Townsend Dodd

14. MOTHER'S MAIDEN NAME

Katherine Hinschman

13. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Louise Dodd-609 Glenview Ave.

18. 151X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Generalized Carcinomatosis

chr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Carcinoma of pylorus of the stomach chr.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/27, 1953 to 9/17, 1953, that I last saw the deceased alive on 9/17, 1953 and that death occurred at 9:20 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9/21/53

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 18 1953 5124J Balto. 17, Md.

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
OFFICE OF THE ASSISTANT ATTORNEY GENERAL

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of the State of California, at the City of Sacramento, this 1st day of January, 1901.

W. H. HARRIS, Attorney General

W. H. HARRIS, Attorney General

W. H. HARRIS, Attorney General

W. H. HARRIS, Attorney General

W. H. HARRIS, Attorney General

W. H. HARRIS, Attorney General

W. H. HARRIS, Attorney General

W. H. HARRIS, Attorney General

W. H. HARRIS, Attorney General

W. H. HARRIS, Attorney General

W. H. HARRIS, Attorney General

W. H. HARRIS, Attorney General

W. H. HARRIS, Attorney General

W. H. HARRIS, Attorney General

W. H. HARRIS, Attorney General

W. H. HARRIS, Attorney General

W. H. HARRIS, Attorney General

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 8386**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM WALTER COSTER

2. DATE
OF
DEATH

Sept. 16, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

142 E. Clement St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

142 E. Clement St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan. 21, 1878

9. AGE (In years
last birthday)

74

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Owner

10B. KIND OF BUSINESS OR
INDUSTRY

Grocery

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Coster

14. MOTHER'S MAIDEN NAME

Mary Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

St.

Mr. William W. Coster, Jr.-142 E. Clement/

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Myocardial Insufficiency

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)Arteriosclerosis, hypertension
MyocarditisII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 15, 1953 to Sept 16, 1953, that I last saw the
deceased alive on Sept 16, 1953 and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

John E. Schenck

M. D.

23B. ADDRESS

1337 S. Charles St.

23C. DATE SIGNED

9/18/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

9/19/53

24C. NAME OF CEMETERY OR CREMATORY

Western Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

J. J. Vickers & Sons

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. **53 8387****F 520**
53 8387 53-22424

1. NAME OF DECEASED (Type or Print) Baby Funk			2. DATE OF DEATH 9-15-53		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY Baltimore		
b. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. 40 Mos. 27 Days 19			d. STREET ADDRESS (If rural, give location) 5803 Bland Ave		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 9-14-53	9. AGE (In years last birthday) 15	If Under 1 Year Months: 27 Days: 19
10a. MALE OCCUPATION (Give kind of work done during most of working life, even if retired) None			10b. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME Hazel James Funk			14. MOTHER'S MAIDEN NAME Hazel Kuffman		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS		

18. 762.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Pulmonary Atelectasis			INTERVAL BETWEEN ONSET AND DEATH 25 hrs.		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 9/15/53		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on 9/15/53 , 19____, and that death occurred at 104 m., from the causes and on the date stated above.					
23A. SIGNATURE J. Laum		23B. ADDRESS St. Agnes Hosp.		23C. DATE SIGNED 9/16/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sept 18/53		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge	
24D. LOCATION (City, town, or county) (State) Likessville Md		24E. REGISTRAR'S SIGNATURE Spring Lyons		24F. FUNERAL DIRECTOR ADDRESS 5005 Pk	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 8388**

1. NAME OF DECEASED (Type or Print) MAY V. BRESSLER		2. DATE OF DEATH Sept 18-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland 1731 N Charles St		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD B. COUNTY 12-07th	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1731 N Charles St		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1731 N Charles St	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Apr 6-1898
10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 55
11. FATHER'S NAME James J O'Rourke		12. CITIZEN OF WHAT COUNTRY? USA	
13. MOTHER'S MAIDEN NAME Mary Fitzpatrick		14. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. 200.1	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	Bronchopneumonia	terminal
ANTECEDENT CAUSES	Lymphosarcoma	Ten years
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **March 4, 1951**, to **Sept. 17, 1953**, that I last saw the deceased alive on **Sept. 17, 1953**, and that death occurred at **5:50 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE Louis R. Maser	23B. ADDRESS 4335 Park Heights Ave	23C. DATE SIGNED 9-18-53
---	--	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE Sept 21-1953	24C. NAME OF CEMETERY OR CREMATORY New Cathedral	24D. LOCATION (City, town, or county) (State) Baltimore Md
DATE RECEIVED BY LOCAL REGISTRAR SEP 19 1953	REGISTRAR'S SIGNATURE John H. Hays	25. FUNERAL DIRECTOR Wm C. B. Inc.	ADDRESS 1217 St Paul St

8803

87

8803

87

W. S. G. & Co.

103 N. 1st St.

Boston

Carriage Works

ATTENTION

8389

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8389
Registered No.

IRTH NO.

NAME OF DECEASED
(Type or Print)

Nannie Parker

2. DATE
OF
DEATH

9/18/53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

2203 Westwood Avenue

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2203 Westwood Avenue

SEX

F

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

Yrs.
Mos.
Days

8. DATE OF BIRTH

4/29/1882

9. AGE (In years last birthday)

71

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)

House Wife

10B. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF WHAT COUNTRY?

FATHER'S NAME

Westley Hawkins

14. MOTHER'S MAIDEN NAME

Unknown

WAS DECEASED EVER IN U. S. ARMED FORCES? (no or unknown) (If yes, give war or dates of service)

-

-

16. SOCIAL SECURITY NO.

-

17. INFORMANT

ADDRESS

Willie Mae Watson 2203 Westwood Ave

18. 744.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Pneumonia

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Myasthenia
Senility

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 9/13, 1953, to 9/18, 1953, that I last saw the deceased alive on 9/17, 1953, and that death occurred at 12:05 AM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Removal

9/20/53

Henderson, N.C.

ATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, Jr. Arlington S. Phillips 1808 N.

EP 1 91953

Monroe St.

1-616
8390BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8390

BIRTH NO.

NAME OF DECEASED
(Type or Print)

JOHN HERBERT

2. DATE
OF
DEATH

9/18/53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

Church Home & Hospital

Length of stay in Baltimore

64

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 6-02

D. STREET ADDRESS (If rural, give location)

7 N. Milton Ave.

SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Nov. 16, 1888

9. AGE (In years
last birthday)

64

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

distributor

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.

FATHER'S NAME

James Herbert

14. MOTHER'S MARRIAGE NAME

Bridgett Banett

13. WAS DECEASED EVER IN U. S. ARMED FORCES?
(no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Church Home & Hospital

18. 490X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Lobar Pneumonia

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

4 days

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/17, 1953, to 9/18, 1953, that I last saw the deceased alive on 9/18, 1953, and that death occurred at 9:05 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

D. F. Dawson

M. D.

Church Home & Hospital 9/18/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

9/22/53

New Cathedral Cem.

Baltimore 24 Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 19 1953

Thurston W. Williams

John A. Moran

3000 E. Baltimore

-545

8391

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8391

IRTH NO.

NAME OF DECEASED
(Type or Print)

JOHN J. TIMLIN

2. DATE
OF
DEATH

9/18/53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)
SPITAL OR
STITUTION

1312 WALKER AV

4. USUAL RESIDENCE (Where deceased lived If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1312 Walker Ave.

Length of stay in Baltimore

9 Mons.

SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

Yrs.
Mos.
Days

8. DATE OF BIRTH

April 3, 1871

9. AGE (In years
last birthday)

82

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

Retired (Engineer)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Scranton Penna.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

FATHER'S NAME

John Timlin

14. MOTHER'S MAIDEN NAME

Mary Sweeney

WAS DECEASED EVER IN U. S. ARMED FORCES?
no or unknown? (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

198-03-6836

17. INFORMANT

ADDRESS

James G. Timlin 1312 Walker Ave.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Sept. 14, 1953, to Sept. 18, 1953 that I last saw the
deceased alive on Sept. 16, 1953, and that death occurred at 4:45 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

A. BURIAL, CREMA-
N, REMOVAL (Specify)

Burial

24B. DATE

9/22/53

24C. NAME OF CEMETERY OR CREMATORY

Hydepark Cem.

24D. LOCATION (City, town, or county)

Scranton

(State)

Pa.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 19 1953

Huntington Williams, M.D.

John A. Moran 3000 E. Baltimore St

10-2-57

10-2-57

10-2-57

10-2-57

10-2-57

10-2-57

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10-2-57

10-2-57

10-2-57

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 8392**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**HARRY W. AUBREY**2. DATE
OF
DEATH**Sept. 18, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3825 Barrington Rd.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

3825 Barrington Rd.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

July 5, 1881

9. AGE (In years-

last birthday)

72

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

clerk

10B. KIND OF BUSINESS OR INDUSTRY

Steel Mfg.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF

WHAT COUNTRY?

13. FATHER'S NAME

Aubrey**213-07-1008A-**

14. MOTHER'S MAIDEN NAME

17. INFORMANT

ADDRESS

Mrs. Rosalie Aubrey-3825 Barrington Rd.15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**no**16. SOCIAL SECURITY NO.
213-07-1008A

18.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH**immediate**

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1946**, to **Sept 18**, 1953, that I last saw the deceased alive on **Aug 25**, 1953, and that death occurred at **8:30** A. M., from the causes and on the date stated above.

23A. SIGNATURE

Shirley J. Magiano

M. D.

23B. ADDRESS

2802 Harford Rd 18

23C. DATE SIGNED

9/18/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9/21/53

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. Pickney & Sons

ADDRESS

Balto. 17, Md.

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MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

14456

CERTIFICATE CORRECTED 9-23-53

53 8393

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8393
Registered No.

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) LOUISE E. HELMER		2. DATE OF DEATH Sept. 17, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY
B. FULL NAME OF HOSPITAL OR INSTITUTION 2602 Strathmore Ave.		C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Baltimore
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2602 Strathmore
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Mar. 8, 1892		9. AGE (In years last birthday) 61-59
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at Home
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Charles S. Fulda		14. MOTHER'S MAIDEN NAME Christina Fetch
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) -		16. SOCIAL SECURITY NO.
17. INFORMANT Mr. Frederick Helmer - 2602 Strathmore Av		ADDRESS

18. 420.1 and 260x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) 1) Hypertensive Cardiac 2) Coronary Arteriosclerosis 3) Coronary Thrombosis 1) Hypertension DUE TO DUE TO DUE TO	INTERVAL BETWEEN ONSET AND DEATH 1 day
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 9-22-53	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	21F. HOW DID INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
22. I hereby certify that I attended the deceased from Sept 16, 1953 to Sept 17, 1953 , that I last saw the deceased alive on Sept 16, 1953 , and that death occurred at m. from the causes and on the date stated above.			
23A. SIGNATURE Fred Ruzicka M. D.		23B. ADDRESS 500 N. Hollins St. Baltimore, Md.	23C. DATE SIGNED 9-18-53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 9/22/53	24C. NAME OF CEMETERY OR CREMATORY Parkwood Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.
DATE RECEIVED BY LOCAL REGISTRAR SEP 19 1953		REGISTRAR'S SIGNATURE Huntington Williams, Jr.	
25. FUNERAL DIRECTOR Wm. J. Viskner & Sons		ADDRESS Balto. 17, Md.	

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F-236

53 8394

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8394

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Martha Foster

2. DATE
OF
DEATH

Sept 16-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Baltimore*4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)A. STATE *Maryland*

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

320 N Pearl St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

4-02

c. Length of stay in Baltimore

30 yrs

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

320. N. Pearl St

5. SEX

Female

6. COLOR OR RACE

Col

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

10-4-1910

9. AGE (In years
last birthday)

43

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Creeds Virginia

12. CITIZEN OF
WHAT COUNTRY?

U. S. A

13. FATHER'S NAME

George Harris

14. MOTHER'S MAIDEN NAME

Mary Brockett

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Marry Harris Creeds 29.

18. 252.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

8 months

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Cardiac Decompensation
Aortic Insufficiency (Ar. Valvula disease)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Toxic Eritema and Ch. Bursitis

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/6/53, 19, to 9/16, 1953, that I last saw the
deceased alive on 9/14, 1953, and that death occurred at 124 m., from the causes and on the date stated above.

23A. SIGNATURE

Hos. S. Julian

M. O.

23B. ADDRESS

511 N. Schuler & Bldg 23 rd

23C. DATE SIGNED

9/14/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

9/19/53

24C. NAME OF CEMETERY OR CREMATORY

Creeds

24D. LOCATION (City, town, or county)

Baltimore

(State)

9/1a

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

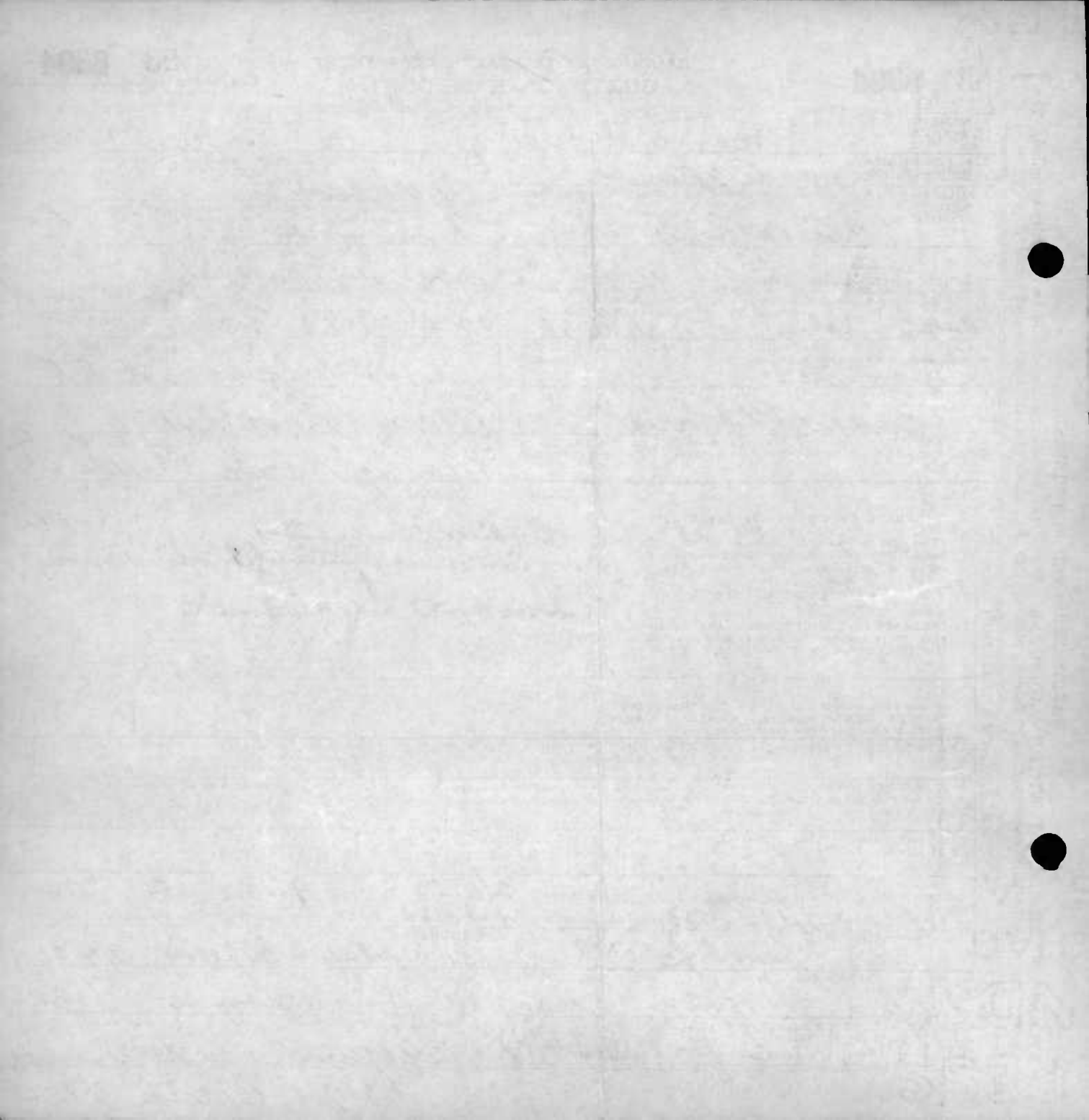
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Rayner Sanders

SEP 19 1953



N-420
8395BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8395

TH NO.

NAME OF DECEASED
(Type or Print)

Helen Moore Wallace

2. DATE
OF
DEATH

Sept. 17, 1953

PLACE OF DEATH:

Baltimore City, Maryland

Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Maryland General Hospital

Yrs.
Mos.
Days

Length of stay in Baltimore

32

SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

USUAL OCCUPATION (Give kind of
one during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

FATHER'S NAME

John Moore

WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

(no or unknown)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Rev. Clyde Atkins Pastor Eutaw Place Baptist

18. 450.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, assthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Congestive Heart failure

2 mos.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriosclerosis

DUE TO

(C) Uremia
as thru

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from July 18, 1953, to Sept. 17, 1953, that I last saw the
deceased alive on Sept. 17, 1953, and that death occurred at 10:15 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Valeriana B. Castillo

23B. ADDRESS

M. D.

Maryland General Hospital

23C. DATE SIGNED

9/17/53

24. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 21, 1953

24C. NAME OF CEMETERY OR CREMATORY

Mt. Pleasants

24D. LOCATION (City, town, or county)

Toronto,

(State)

Canada

TE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John O. Mitchell, Sr.

ADDRESS

1900 Eutaw Place

VS 150

2000

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T-400

8396

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8396

NAME OF DECEASED
(Last, first, middle, or Print)

WILLIAM A. THIEL

2. DATE
OF
DEATH

9/18/53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

MERCY HOSPITAL

Length of stay in Baltimore

55

Yrs.
Mos.
Days

SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

MANAGER - Produce - Salesman

10B. KIND OF BUSINESS OR
INDUSTRY

FATHER'S NAME

PAUL THIEL

WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

216-01-0130

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

3318 ECHODALE AVE

8. DATE OF BIRTH

5/6/98

9. AGE (In years
last birthday)

55

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

CAMILLA SCHUBERT

17. INFORMANT

ADDRESS

WIFE - ANNETTE

SAME AS ABOVE

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, assthenia, etc. It means the disease,
injury or complication which caused death.)

(A) MYOCARDIAL INFARCTION

4 DAYS

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/17, 1953, to 9/18, 1953, that I last saw the
deceased alive on 9/15, 1953, and that death occurred at 9:30 A.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

TE RECEIVED BY
CAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

EP1 91953

Huntington Williams

Leonard J. Luck

5305 Harford

SECTION OF THE HEALTH DEPARTMENT
STATE OF NEW YORK

VALLEY

COOPER

1900

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-635

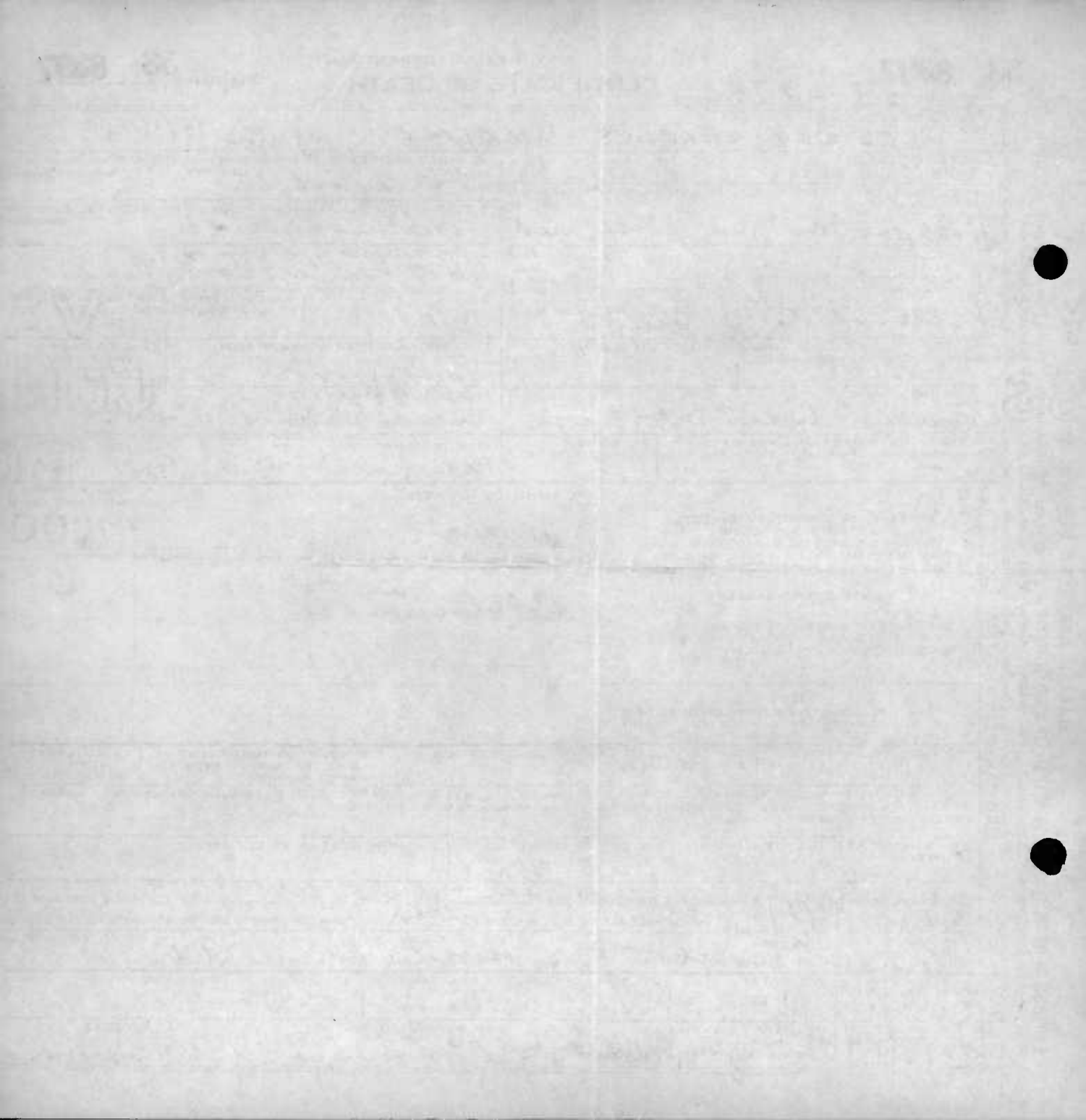
WORTHMAN

53 8397-2 BALTIMORE CITY HEALTH DEPARTMENT
 BIRTH NO. 53-22796 CERTIFICATE OF DEATH Registered No. 53 8397

1. NAME OF DECEASED (Type or Print) GREGORY CHARLES WORTHMAN			2. DATE OF DEATH 9/18/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Hospital for Women of Maryland			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 1227-38		
C. Length of stay in Baltimore 47 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1617 Walterswood Road		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 9/16/53	9. AGE (In years last birthday) 2	10. Under 1 Year Months: Days 2
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —		10B. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) Baltimore Md		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Gorman Edward Worthman			14. MOTHER'S MAIDEN NAME Clara Estelle Stokes		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) —		16. SOCIAL SECURITY NO. —	17. INFORMANT ADDRESS Mrs. Clara Worthman, Balt., Md.		

18. 762.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Anoxia		CAUSE OF DEATH Anoxia	INTERVAL BETWEEN ONSET AND DEATH 47h 02m.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. atelectasis		DUE TO atelectasis	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 9/18/53	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED —	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept 16, 1953 , to Sept 18, 1953 , that I last saw the deceased alive on Sept 18, 1953 , and that death occurred at 6:45 A.M. , from the causes and on the date stated above.			
23A. SIGNATURE William Phylebert		23B. ADDRESS Hospital for Women Md	23C. DATE SIGNED 9/18/53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Sept 19, 1953	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	24D. LOCATION (City, town, or county) (State) Bald Md
DATE RECEIVED BY LOCAL REGISTRAR SEP 19 1953		REGISTRAR'S SIGNATURE Huntington Williams, Jr.	25. FUNERAL DIRECTOR ADDRESS Leonard Ruck 5305 Sanford



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8398

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Lucy Codd</i>		2. DATE OF DEATH <i>Sept-18-1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Habited 1</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 12-03</i>			
D. STREET ADDRESS (If rural, give location) <i>223 E. University Park</i>		E. Length of stay in Baltimore <i>Life</i> Yrs. Mos. Days			
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>7-6-87</i>	9. AGE (In years, last birthday) <i>66</i>	10. Under 1 Year Months: Days: <i>17</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Manager</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Womens Exchange</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>Alonzo G. Nottingham</i>		14. MOTHER'S MAIDEN NAME <i>Helen P. Carver</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Miss Helen M. Nottingham 223 E. Univ. Pky</i>	
18. <i>199.5</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Metastasis</i>		CAUSE OF DEATH (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>30 days</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Neoplasm, Cervical Spine primary site unknown</i>		(B) DUE TO		(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>NONE</i>					
19A. DATE OF OPERATION <i>NONE</i>		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <i>NONE</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>NONE</i>		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? <i>NONE</i>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>NONE</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <i>NONE</i>	
22. I hereby certify that I attended the deceased from <i>7-27</i> , 19 <i>53</i> , to <i>9-18</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>9-18</i> , 19 <i>53</i> , and that death occurred at <i>7:30 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>George C. Cuddy</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>Sept 18, 1953</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Sept 21, 1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral</i>	
24D. LOCATION (City, town, or county) <i>Baltimore, Maryland.</i>		25. FUNERAL DIRECTOR <i>Huntington Mortuary, 1205 N. Calvert St.</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 19 1953</i>		VS 150 <i>2908X</i>			

CERTIFICATE OF DEATH

WILLIAM HENRY HENRY

30 years

George H. Henry

George H. Henry

WILLIAM HENRY HENRY

George H. Henry

F. 432		CERTIFICATE CORRECTED 11-20-53		BALTIMORE CITY HEALTH DEPARTMENT		Registered No. 53 8399	
BIRTH NO. 53 8399							
1. NAME OF DECEASED (Type or Print)				2. DATE OF DEATH		3. PLACE OF DEATH	
WHEELER M FIELDS				Sept. 18, 1953		A. Baltimore City, Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location)				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		D. STREET ADDRESS (If rural, give location)	
104 E. 20th Street				Baltimore		12-04	
c. Length of stay in Baltimore				8. DATE OF BIRTH		9. AGE (In years last birthday)	
Yrs. Mos. Days				July 30-1916		37	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Painter.				Lagrange N.C.			
13. FATHER'S NAME				14. MOTHER'S M maiden name			
Wheeler M. Fields				Cybil Gates.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)				16. SOCIAL SECURITY NO.			
				17. INFORMANT ADDRESS			
				John P. Fields 2135 Wilkens Ave.			
18. E976X and 322.0 CAUSE OF DEATH						INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)							
(A) Gunshot wound of head							
DUE TO							
ANTECEDENT CAUSES							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST.							
(B)							
DUE TO							
(C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
Acute alcoholism							
19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
						YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
		home-bedroom		104 E. 20th Street			
21D. TIME (Month) (Day) (Year) (Hour) (Minute)		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
Sept. 18, 1953 1:45 P.M.				Shot self in head			
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .							
23A. SIGNATURE				23B. CHIEF MEDICAL EXAMINER.....		23C. DATE SIGNED	
Joseph A. Jackson M.D.				ASSISTANT MEDICAL EXAMINER.....		Sept. 18, 1953	
24A. BURIAL, CREMATION, OR REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Burial		Aug. 22, 53		Newbern		Newbern, North Carolina	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR		ADDRESS	
SEP 20 1953		H. J. Williams		William Cook Inc		1217 ST Paul	
VS 151		N 803.4		56424		LST	

6819

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CERTIFICATE CORRECTED **11-20-53** **BALTIMORE CITY HEALTH DEPARTMENT** **10-3-53** **CERTIFICATE OF DEATH**

53 8400

Registered No. **53 8400**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) VIRGINIA H. FIELDS		2. DATE OF DEATH Sept. 18, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 104 E. 20th Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 104 E. 20th Street	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 21, 1920
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	9. AGE (In years last birthday) 32
13. FATHER'S NAME Melvin A. Jones		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		12. CITIZEN OF WHAT COUNTRY? Maryland	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Mary Parrott	
17. INFORMANT Mr. Melvin A. Jones - 104 E. 20th St.		ADDRESS	

18. E981X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) Gunshot wound of head DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home-bedroom	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 104 E. 20th Street
21D. TIME (Month) (Day) (Hour) (Minute) OF INJURY Sept. 18, 1953 1:45 P.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Shot by husband

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE <i>Joseph A. Jachings</i>		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....	23C. DATE SIGNED Sept. 18, 1953
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 9/21/53	24C. NAME OF CEMETERY OR CREMATORY Southern Methodist Cem.	24D. LOCATION (City, town, or county) (State) Dublin, Md.

DATE RECEIVED BY LOCAL REGISTRAR SEP 20 1953	REGISTRAR'S SIGNATURE <i>H. H. H. H. H.</i>	25. FUNERAL DIRECTOR <i>Wm. J. Pickney & Sons</i> Balto 17, Md
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAF-174491
53 8401BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8401

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Harry Martin

2. DATE
OF DEATH Sept. 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

Anne Arundel

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION Baltimore City Hospitals
4940 Eastern Ave.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Ferntdale

D. STREET ADDRESS (If rural, give location)

Beach Ave.

(BIRCH AVE)

c. Length of stay in Baltimore

2 yrs.

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

Wh

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

July 16, 1929

9. AGE (in years
last birthday)

24

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

WIREMAN

10B. KIND OF BUSINESS OR
INDUSTRY

ELECTRONICS

11. BIRTHPLACE (State or foreign country)

West Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Jasper Martin

14. MOTHER'S MAIDEN NAME

Erna Nowery

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

YES

16. SOCIAL
SECURITY NO.

409-42-9923

17. INFORMANT

ADDRESS

B. C. H. 4940 Eastern Ave. (records)

18. 080.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Acute Anterior Poliomyelitis,

Bulbo-Spinal

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE, (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)

Atelectasis and Pneumonia

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-10, 1953, to 9-18, 1953, that I last saw the
deceased alive on 9-18, 1953, and that death occurred at 12:45 PM, from the causes and on the date stated above.

23A. SIGNATURE

H. J. [Signature]

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

9-18-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

9-21-53

24C. NAME OF CEMETERY OR CREMATORY

ODD FELLOWS

24D. LOCATION (City, town, or county)

PARKERSBURG, W. VA.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Shelley, [Signature]

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53 8402

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8402

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LILLIE L. MEHLGARTEN

2. DATE
OF
DEATH

Sept. 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2517 Maryland Ave.

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

12-06

D. STREET ADDRESS (If rural, give location)

2517 Maryland Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
single

8. DATE OF BIRTH

Jan. 1, 1871

9. AGE (In years
last birthday)

82

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
School teacher (rtd)10B. KIND OF BUSINESS OR
INDUSTRY
Balto. City Dept.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Mehlgarten

Education

14. MOTHER'S MAIDEN NAME

Alvina Vogel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

-

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Florence Mehlgarten-2517 Maryland Ave

18.

332X 1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Thrombosis

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

5 min.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

arteriosclerosis generalized 10 yrs

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1935, to Sept 18, 1953 that I last saw the
deceased alive on Sept 10, 1953, and that death occurred at 5:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Egbert H. Mortimer, M.D.

23B. ADDRESS

2706 St Paul St

23C. DATE/SIGNED

9/29/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

9/21/53

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

J. Dickener & Sons

ADDRESS

Balto. 17, Md.

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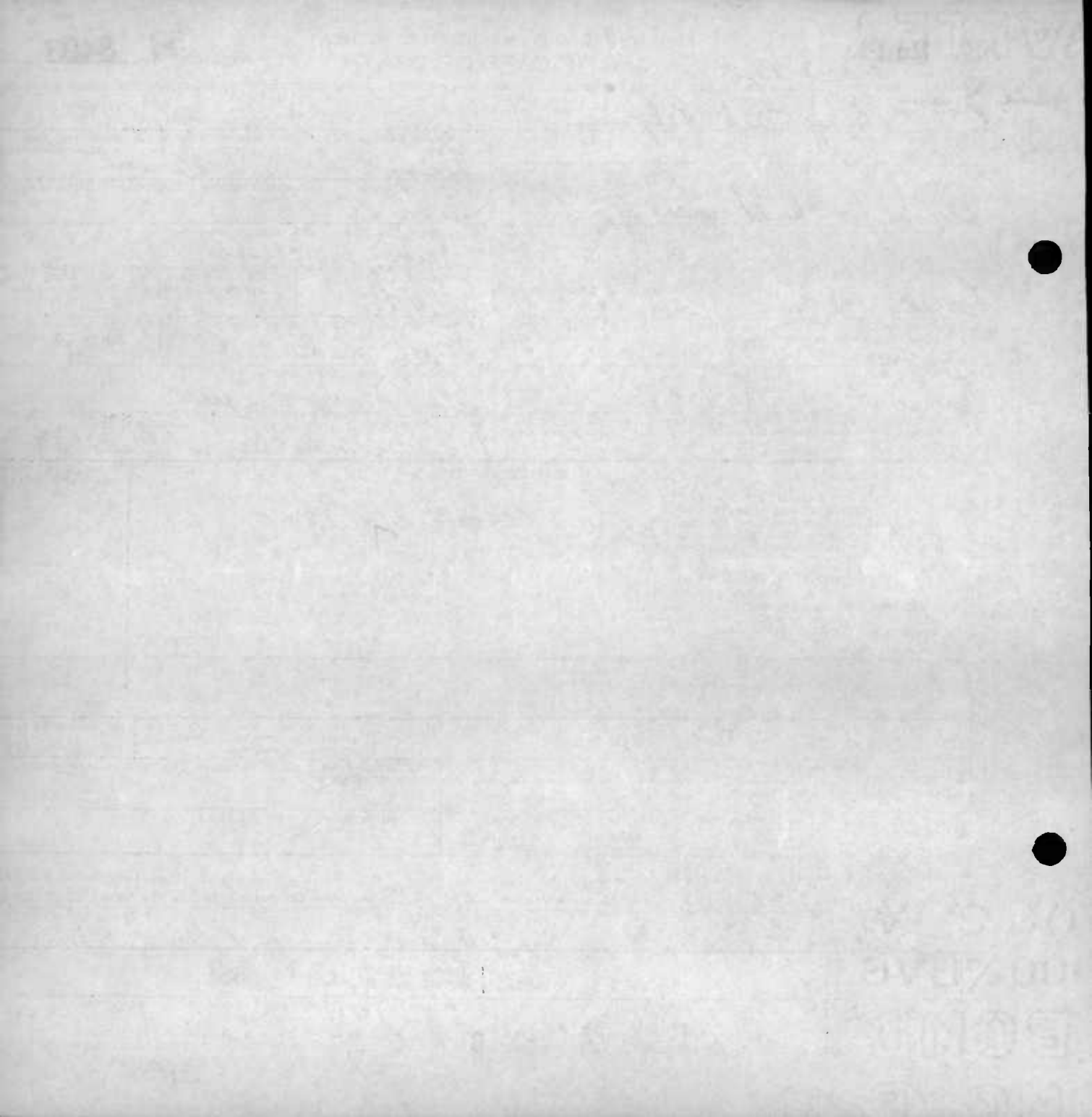
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 8403**P-426
53 8403
BIRTH NO. **33-21342**

1. NAME OF DECEASED (Type or Print) Baby Girl Pelgrim		2. DATE OF DEATH Sept. 8, 1953	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY Baltimore	
b. FULL NAME OF HOSPITAL OR INSTITUTION Hospital for the Women and		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gaunte	
c. Length of stay in Baltimore 47		d. STREET ADDRESS (If rural, give location) Davis Avenue	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 4/1953
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY —	
13. FATHER'S NAME John Pelgrim		14. MOTHER'S MAIDEN NAME Helene Mary Resch	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. —	
17. INFORMANT Mrs Helene Mary Pelgrim		ADDRESS Gaunte Md.	
18. 776x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity (24 wk.) DUE TO (A) Prematurity (24 wk.)			INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION 0		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR?		21d. HOW DID INJURY OCCUR?	
21e. TIME (Month) (Day) (Year) (Hour) OF INJURY		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from 19 , to 19 , that I last saw the deceased alive on 9/8 , 1953, and that death occurred at 12:30 a.m., from the causes and on the date stated above.			
23a. SIGNATURE Charles R. Green, Jr.		23b. ADDRESS Hospital for Women of Md.	
23c. DATE SIGNED 9/8/53		23d. LOCATION (City, town, or county) (State) SEP. 8, 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE	
24c. NAME OF CEMETERY OR CREMATORY UNIVERSITY MEDICAL SCHOOL		24d. LOCATION (City, town, or county) (State) SEP. 8, 1953	
DATE RECEIVED BY LOCAL REGISTRAR SEP 20 1953		REGISTRAR'S SIGNATURE W. H. Williams, Jr.	
25. FUNERAL DIRECTOR W. H. Williams, Jr.		ADDRESS W. H. Williams, Jr.	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 8404**BIRTH NO. **53-20852**1. NAME OF DECEASED
(Type or Print)**BABY GIRL EPSTEIN**2. DATE
OF
DEATH**September 1, 1953**

3. PLACE OF DEATH:

Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

Maryland**27-20**5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION**Hospital for Women of Maryland**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore-15

D. STREET ADDRESS (If rural, give location)

7034 Hallis Avenue

6. Length of stay in Baltimore

Yrs.
Mos.
Days

7. SEX

Female

8. COLOR, OR RACE

White9. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

10. DATE OF BIRTH

September 1, 195311. AGE (In years
last birthday)12. Under 1 Year
Months: Days13. Under 24 Hours
Hours: Min.14. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)15. KIND OF BUSINESS OR
INDUSTRY

16. BIRTHPLACE (State or foreign country)

Baltimore-Maryland17. CITIZEN OF
WHAT COUNTRY?**U. S. C.**

18. FATHER'S NAME

Sherman David Epstein

19. MOTHER'S MAIDEN NAME

Luth Minna Galpern20. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)21. SOCIAL
SECURITY NO.

22. INFORMANT

ADDRESS

23. **762.0**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Asphyxia neo-neonatorum**90 minutes**

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

24. DATE OF OPERATION

25. CONDITION FOR WHICH OPERATION
WAS PERFORMED26. IF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II27. AUTOPSY?
YES ☒ NO ☐28. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)29. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)30. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?31. TIME (Month) (Day) (Year) (Hour)
OF INJURY32. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

33. HOW DID INJURY OCCUR?

34. I hereby certify that I attended the deceased from **Sept. 1, 1953**, to **Sept. 1, 1953**, that I last saw the
deceased alive on **Sept 1, 1953**, and that death occurred at **5:03 p. m.**, from the causes and on the date stated above

35. SIGNATURE

William Schuman

M. O.

36. ADDRESS

1716 Eutan Place

37. DATE SIGNED

Sept. 1, 1953.38. BURIAL, CREMA-
TION, REMOVAL (Specify)

39. DATE

40. NAME OF CEMETERY OR CREMATORY

UNIVERSITY MEDICAL SCHOOL

41. LOCATION (City, town, or county)

SEP. 8, 1953

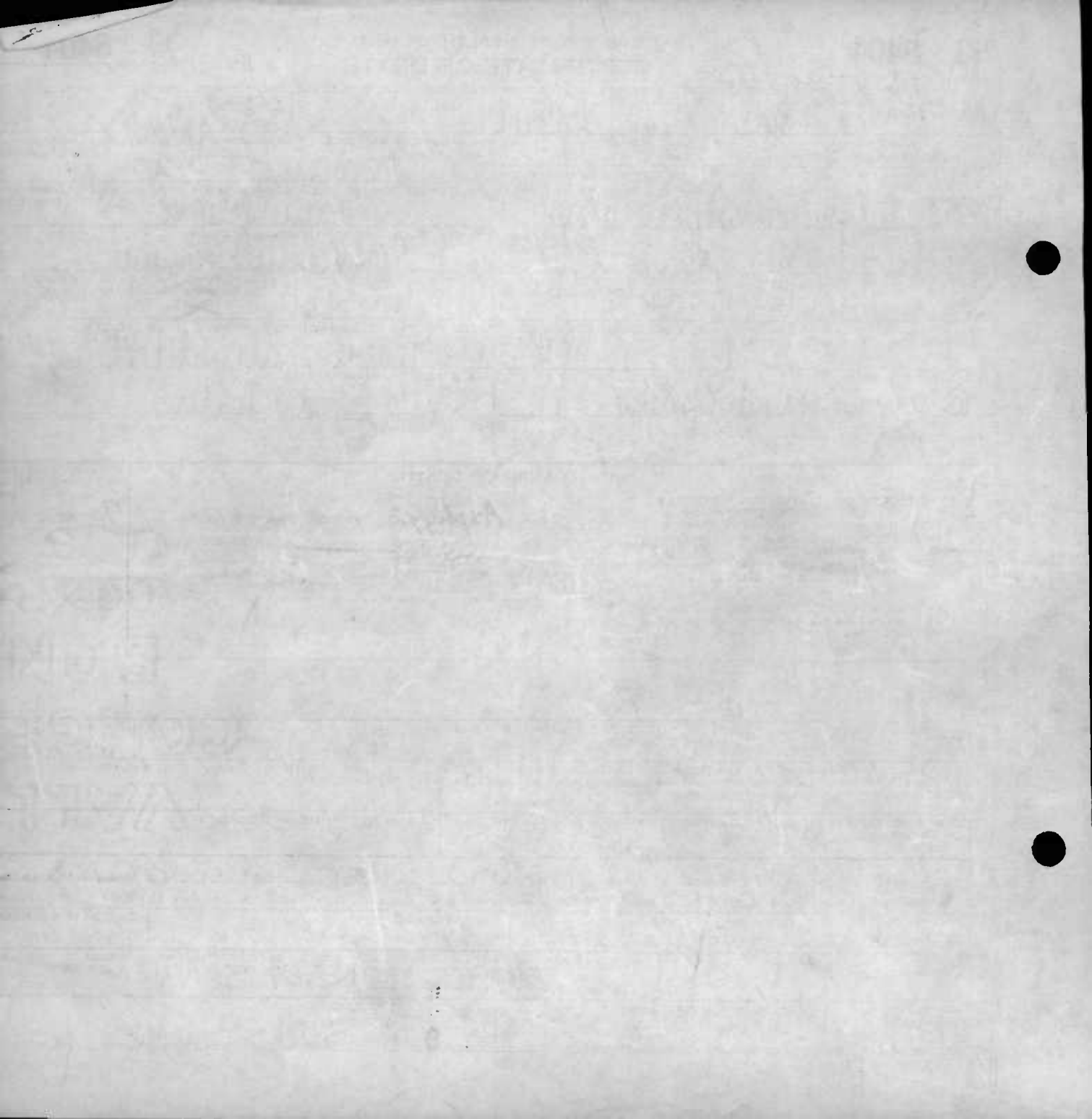
(State)

42. DATE RECEIVED BY
LOCAL REGISTRAR

43. REGISTRAR'S SIGNATURE

44. FUNERAL DIRECTOR

ADDRESS



R.300
53 8405BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8405

BIRTH NO. 53-11259

1. NAME OF DECEASED
(Type or Print)

ROTH, NATHANIEL

2. DATE
OF
DEATH

9/5/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

MD.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

UNIVERSITY HOSP

C. CITY OR TOWN

BALTIMORE 19-02

D. STREET ADDRESS (If rural, give location)

2207 Stricker St.

c. Length of stay in Baltimore

3 mos

Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

6/53

9. AGE (In years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

ARTHUR ROTH

14. MOTHER'S MAIDEN NAME

Delores Morris

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

FATHER

ADDRESS

18. 772.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

SEPTICEMIA

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

MALNUTRITION

DUE TO

(C)

324.5

11/105

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

7

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/5/53, 19, to 9/5/53, 1953, that I last saw the
deceased alive on 9/5/53, 19, and that death occurred at 6:00 p.m., from the causes and on the date stated above

23A. SIGNATURE

Raymond J. Gennaro

M. D.

23B. ADDRESS

University Hospital

23C. DATE/SIGNED

9/5/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL SEP 1953

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

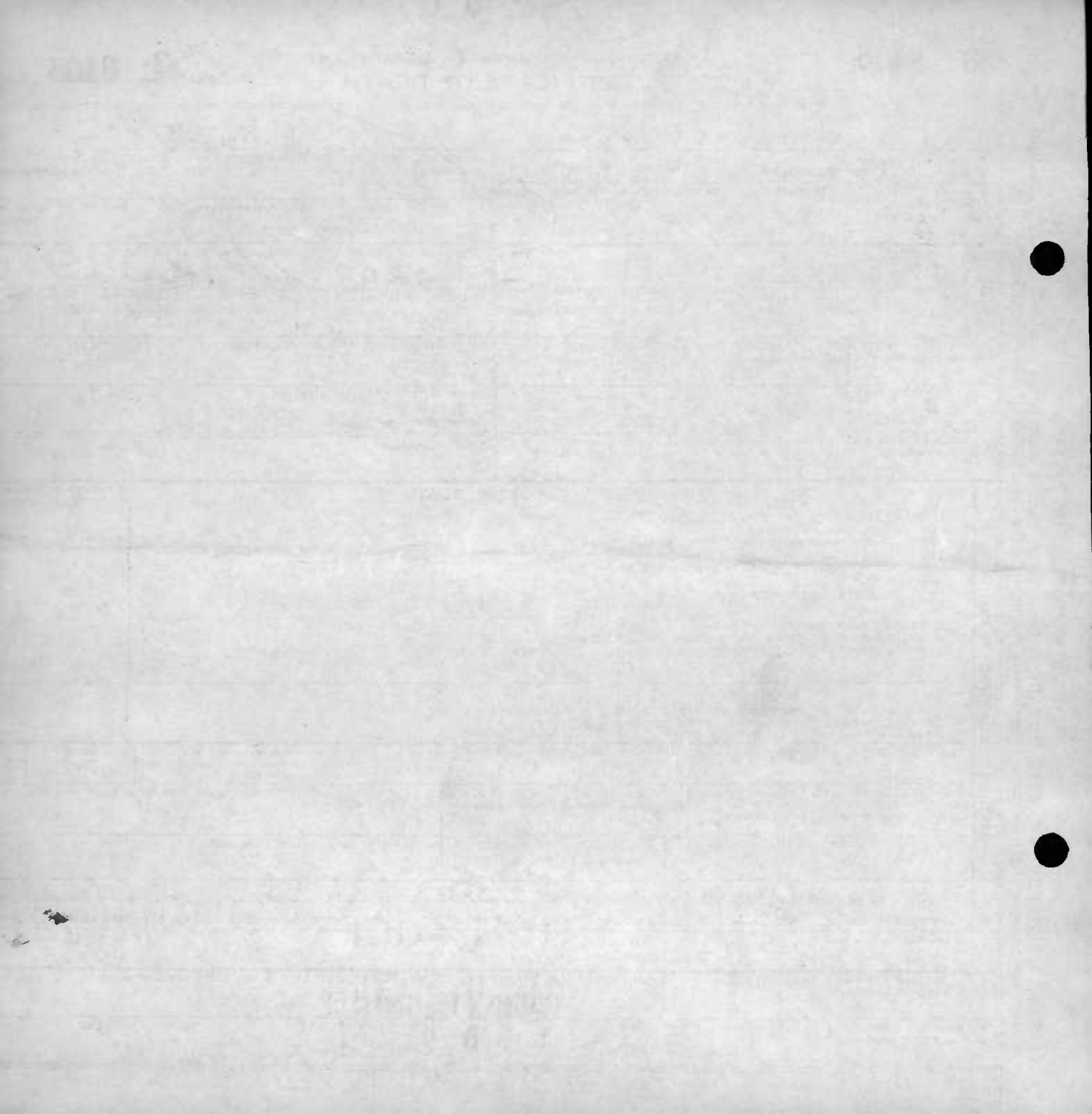
H. J. Williams

25. FUNERAL DIRECTOR

H. J. Williams

ADDRESS

H. J. Williams



-631
8406BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8406

IRTH NO. 53-21140

NAME OF DECEASED
(Last name or Print)

BRADFORD BABY BOY

2. DATE
OF
DEATH

9/4/53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

UNIV HOSPITAL.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1721 1420 NC CULLOCK ST.

Length of stay in Baltimore

Yrs.
Mos.
Days

SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

9/3/53

9. AGE (in years
last birthday)11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

16

A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

USA

FATHER'S NAME

ALEX BRADFORD

14. MOTHER'S MAIDEN NAME

MARY LEWIS

WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Alex Bradford.

18. 776x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

PRE MATURITY

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

16 hrs.

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/3 1953 to 9/4 1953 that I last saw the
deceased alive on 9/4/53 19 and that death occurred at 10:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

ATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 20 1953

Huntington Williams, 1000 18th St. N. W. Washington, D. C.

UNIVERSITY MEDICAL SCHOOL SEP. 10, 1953

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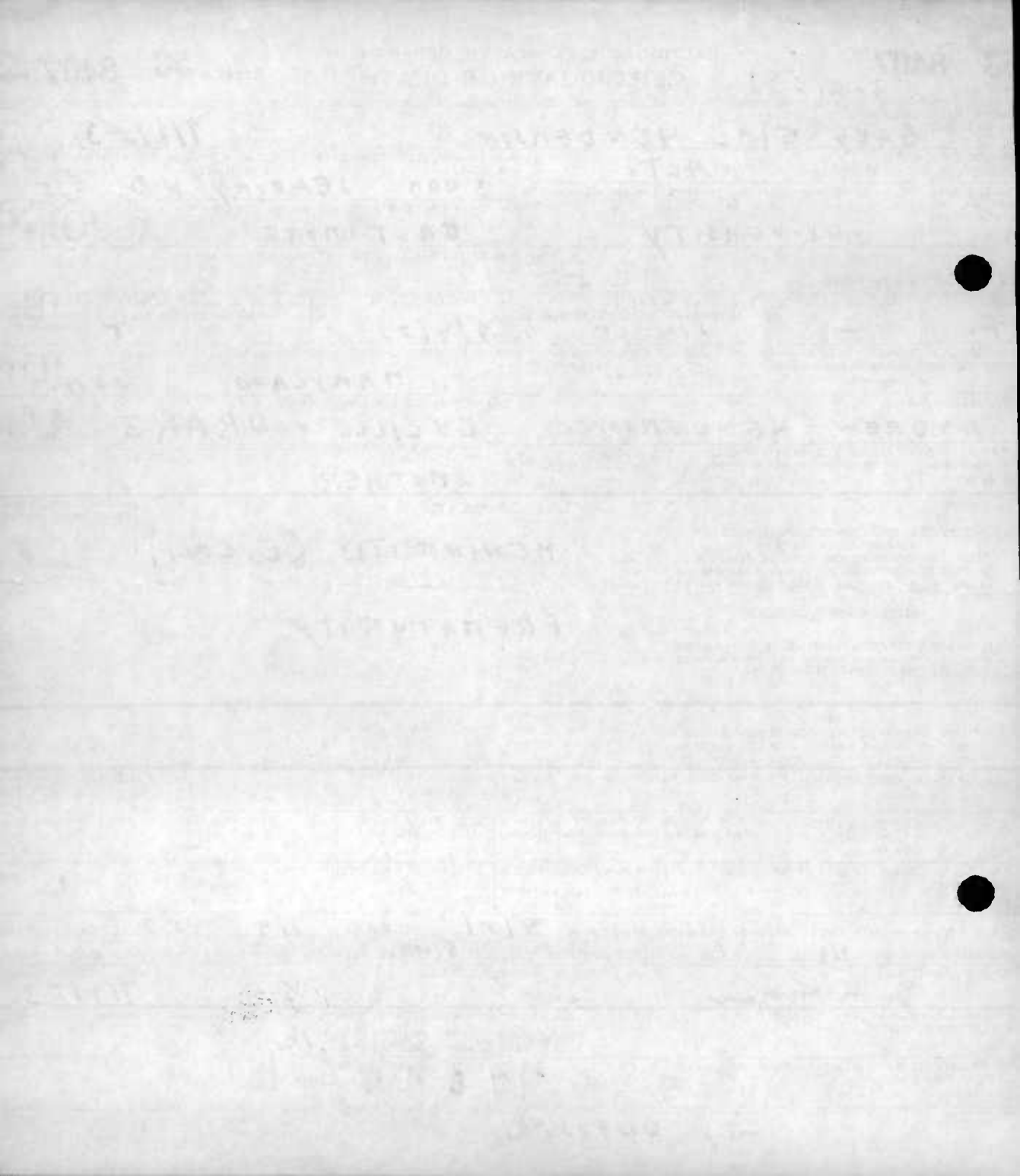
53 8407

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8407

1. NAME OF DECEASED (Type or Print) BABY GIRL HENDERSON		2. DATE OF DEATH 9/9/53	
3. PLACE OF DEATH: Baltimore City, Maryland BALTI.		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE S 000 B. COUNTY SEABURY RD. #35	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) UNIVERSITY		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 25-32	
6. Let 5 of stay in Baltimore Yrs. 5 Mos. 5 Days		D. STREET ADDRESS (If rural, give location)	
7. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 9/4/53
9. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired)		10. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 5
11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA.	
13. FATHER'S NAME ANDREW HENDERSON		14. MOTHER'S MAIDEN NAME LUCILLE DRAKE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. MOTHER	
17. INFORMANT MOTHER		ADDRESS ✓	
18. 340.2 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) MENINGITIS (E. COLI) DUE TO (B) PREMATURITY DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9/5/53 , 19 53 , to 7/9 , 19 53 , that I last saw the deceased alive on 7/9 , 19 53 , and that death occurred at 5:00 A.M. , from the causes and on the date stated above.			
23A. SIGNATURE J. M. Kroyer		23B. ADDRESS 501 Antington Williams	
23C. DATE SIGNED 9/9/53			
24. NAME OF CEMETERY OR CREMATORY UNIVERSITY MEDICAL SCHOOL		24. LOCATION (City, town, or county) SEP. 10, 1953	
25. FUNERAL DIRECTOR Antington Williams		ADDRESS	

CITY DISPOSAL



53 8408

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8408

BIRTH NO. 53-21714		2. DATE OF DEATH 9-8-53	
1. NAME OF DECEASED (Type or Print) BABY BOY LIND		3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) LUTHERAN HOSPITAL OF MD., INC.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY Baltimore	
C. Length of stay in Baltimore 46 1 HR 18 MIN		D. STREET ADDRESS (If rural, give location) 7925 LIBERTY ROAD 5300	
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 9-8-53
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10B. KIND OF BUSINESS OR INDUSTRY NONE	
13. FATHER'S NAME FRANK THEODORE LIND		14. MOTHER'S MAIDEN NAME BERGLIOT CLARA LARSEN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT FATHER		ADDRESS	
18. 761.5 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
ANTECEDENT CAUSES		(A) PREMATURE (1050 grams) AND DUE TO OMPHALOCELE	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) ABRUPTIO PLACENTA DUE TO POLYHYDRAMNIOS	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH 1 HR. 18 MIN.	
19A. DATE OF OPERATION 9-8-53		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED DELIVERY	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) NO		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? NONE		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NONE	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> WHILE AT HOME <input checked="" type="checkbox"/> AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? NONE	
22. I hereby certify that I attended the deceased from 9-8, 1953 to 9-8, 1953, that I last saw the deceased alive on 9-8, 1953, and that death occurred at 9:30 a.m., from the causes and on the date stated above.			
23A. SIGNATURE George E. Wells Jr.		23B. ADDRESS Lutheran Hosp. of Md.	
23C. DATE SIGNED 9-8-53		23D. LOCATION (City, town, or county) (State)	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
24C. NAME OF CEMETERY OR CREMATORY UNIVERSITY MEDICAL SCHOOL		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR SEP 20 1953		REGISTRAR'S SIGNATURE H. H. Williams	
25. FUNERAL DIRECTOR		ADDRESS	

MAF-173951

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53-8409

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Annie Boyce

2. DATE
OF
DEATH

Aug. 28, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Baltimore City Hospitals
4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1029 N. Broadway zone 5

c. Length of stay in Baltimore

6 mos.

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

Wh

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Wid.

8. DATE OF BIRTH

Aug. 1 1893

9. AGE (In years
last birthday)

60

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Australia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. 4940 Eastern Ave. (records)

18. 522X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Pulmonary Edema of undetermined cause

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-28, 1953, to 8-28, 1953, that I last saw the
deceased alive on 8-28, 1953, and that death occurred at 9:30P m., from the causes and on the date stated above.

23A. SIGNATURE

H. J. ...

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

8-28-1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL SEP. 18, 1953

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1942-43

DEPT. OF HEALTH

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53 8410

53 8410

RTH NO. 73-22057

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8410

NAME OF DECEASED (Type or Print) BABY GIRL RIEGEL		2. DATE OF DEATH 9-10-53	
PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Unim Memorial Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-10	
Length of stay in Baltimore 3 hrs		D. STREET ADDRESS (If rural, give location) 3900 Dolefield Ave -	
SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9-10-53
A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 2 55
FATHER'S NAME BERTINE DAVID RIEGEL		11. BIRTHPLACE (State or foreign country) Maryland	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	12. CITIZEN OF WHAT COUNTRY? USA
14. MOTHER'S MAIDEN NAME PAULINE KASINEC		17. INFORMANT FATHER	
18. 76215 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Atelectasis DUE TO Pneumonia DUE TO Infant's mother had appendectomy on 9-6-53		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION 9-10-53		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 9-10-53 to 9-10-53 , that I last saw the deceased alive on 9-10-53 , and that death occurred at 2:15 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE Warren W. Wenzel		23B. ADDRESS Unim Memorial Hosp	
23C. DATE SIGNED 9-10-53			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
25. FUNERAL DIRECTOR Huntington W. Williams		ADDRESS Huntington W. Williams	

1918

UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

1918

Name of deceased		Sex		Age	
Date of death		Place of death		Cause of death	
Occupation		Usual residence		Manner of death	
Signature of physician		Signature of registrar		Signature of informant	

Cause of Death

Immediate cause		Intermediate cause		Underlying cause	
Duration of illness		Duration of last illness		Duration of last attack	
Time of death		Time of last illness		Time of last attack	
Place of death		Place of last illness		Place of last attack	
Signature of physician		Signature of registrar		Signature of informant	

-150		BALTIMORE CITY HEALTH DEPARTMENT		X		53		8412			
8412-3-22230		CERTIFICATE OF DEATH		Registered No.							
NAME OF DECEASED (Please Print)				2. DATE OF DEATH							
Baby Boy Champion				9-10-53							
PLACE OF DEATH: Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)							
				A. STATE		B. COUNTY					
				Md		Baltimore					
FULL NAME OF (If not in hospital or institution, give street address or location)				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)							
University Hospital				Baltimore - Middle River							
D. STREET ADDRESS (If rural, give location)				533 E Campson Rd 5354							
Yrs. Mos. Days				8. DATE OF BIRTH		9. AGE (In years last birthday)		If Under 1 Year Months: Days		If Under 24 Hours Hours: Min.	
1. Sex				6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		9-10-53		6 30	
M W											
10. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired)				10B. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
								Md.			
FATHER'S NAME				14. MOTHER'S MAIDEN NAME							
William Champion				Doris Powell							
WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT		ADDRESS			
						Doris Champion					
18. 776x				CAUSE OF DEATH						INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				(A) Premature							
ANTECEDENT CAUSES				DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				(B)							
				DUE TO							
				(C)							
II											
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.											
19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH				21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)					
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY				21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 9-10, 1953, to 9-10, 1953, that I last saw the deceased alive on 9-10, 1953, and that death occurred at 7:20 A.M., from the causes and on the date stated above.											
23A. SIGNATURE				23B. ADDRESS				23C. DATE SIGNED			
W Heimer				University Hospital				9-10-53			
M. D.											
A. BURIAL, CREMATION, REMOVAL (Specify)				24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)			
						UNIVERSITY MEDICAL SCHOOL		SEP 1953			
TE RECEIVED BY				REGISTRAR'S SIGNATURE				25. FUNERAL DIRECTOR			
SEP 20 1953				Huntington Williams, M.D.				Huntington Williams, M.D.			
VS 150											

WAVE

100

100

100

100

100

100

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 53-8413BIRTH NO. 53-263781. NAME OF DECEASED
(Type or Print) BABY BOY POPE2. DATE
OF
DEATH 9/7/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)
A. STATE MD. B. COUNTY5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION UNIVERSITY HOSPC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)
BALTIMORE 15-01c. Length of stay in Baltimore LIFEYrs.
Mos.
DaysO. STREET ADDRESS (If rural, give location)
1436 PRESSTMAN ST5. SEX M6. COLOR OR RACE C7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)8. DATE OF BIRTH 8/18/539. AGE (In years
last birthday)If Under 1 Year
Months Days Hours Min.
no10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
INFANT10B. KIND OF BUSINESS OR
INDUSTRY11. BIRTHPLACE (State or foreign country)
MD12. CITIZEN OF
WHAT COUNTRY?
USA13. FATHER'S NAME
HOWARD C. POPE14. MOTHER'S MAIDEN NAME
Theresa Rogas15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
Howard Pope

ADDRESS

18. 773.5

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH
3 daysDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Sclerosis
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Prematurity
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION 719B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

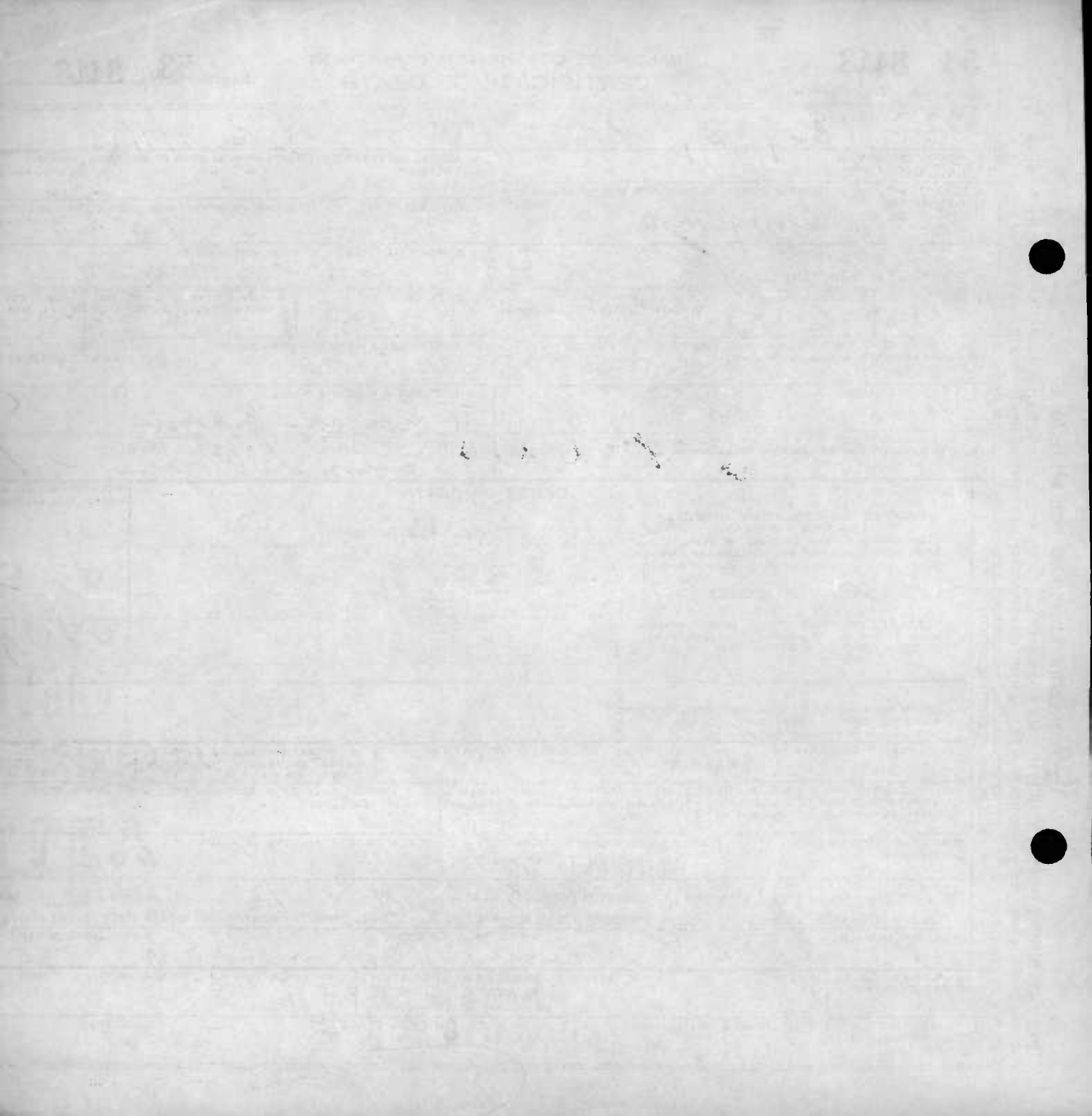
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/18, 1953, to 9/7, 1953, that I last saw the
deceased alive on 9/5, 1953, and that death occurred at 5:15 A. m., from the causes and on the date stated above.23A. SIGNATURE
Raymond L. Cummings23B. ADDRESS
University Hospital23C. DATE SIGNED
9/9/5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY
UNIVERSITY MEDICAL SCHOOL24D. LOCATION (City, town or county) (State)
SEP 16, 1953DATE RECEIVED BY
LOCAL REGISTRARREGISTRAR'S SIGNATURE
Huntington Williams25. FUNERAL DIRECTOR
Huntington Williams

ADDRESS



3-400

53 8414
RTH NO. 53-21495BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8414
Registered No.NAME OF DECEASED
(Type or Print)

Baby Guil Belcur

2. DATE
OF
DEATH

September 7, 1953

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

University Hospital

Length of stay in Baltimore

Yrs.
Mos.
Days

SEX

female white

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Sept 7, 1953

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

13 25

12. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William F. Belcur, Jr.

14. MOTHER'S MAIDEN NAME

Virginia Gover

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Wm. F. Belcur, Jr.

18. 76.0.0 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cerebral anoxia neonatorum

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Pulmonary congestion and edema

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

Cerebral congestion and edema

Subarachnoid hemorrhage

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Sept 7, 1953 to Sept 7, 1953, that I last saw the
deceased alive on Sept 7, 1953, and that death occurred at 6:50 Pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 20 1953

Huntington Hall

Huntington Williams, Md.

UNIVERSITY MEDICAL SCHOOL SEP 7 1953

CERTIFICATE OF DEATH

1910



L-600
53 8415BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8415
Registered No.

BIRTH NO. <u>53-20128</u>	
1. NAME OF DECEASED (Type or Print) <u>Baby boy Larry Lowery</u>	
2. DATE OF DEATH <u>8/30/53</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>University Hospital</u>	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>7-05</u>	
D. STREET ADDRESS (If rural, give location) <u>1630 E. Madison St</u>	
c. Length of stay in Baltimore <u>5</u> Yrs. Mos. Days	
5. SEX <u>male</u>	6. COLOR OR RACE <u>negro</u>
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	
8. DATE OF BIRTH <u>8/25/53</u>	
9. AGE (In years last birthday) <u>5</u> Months: <u>5</u> Days: <u>-</u>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>	
10B. KIND OF BUSINESS OR INDUSTRY <u>-</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>JACK MOSES</u>	
14. MOTHER'S MAIDEN NAME <u>Margaret Lowery</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>-</u>	
16. SOCIAL SECURITY NO. <u>-</u>	
17. INFORMANT ADDRESS	
18. <u>768.0</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <u>Acute Peritonitis</u> INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs</u>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) <u>Omphalitis</u> 96 hrs	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION <u>0</u>	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED <u>-</u>
IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? <u>-</u>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>-</u>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
21F. HOW DID INJURY OCCUR? <u>-</u>	
22. I hereby certify that I attended the deceased from <u>8/30, 1953</u> to <u>8/30, 1953</u> that I last saw the deceased alive on <u>8/30, 1953</u> , and that death occurred at <u>4:30 P.M.</u> , from the causes and on the date stated above	
23A. SIGNATURE <u>Kathleen R. McGuey M.D.</u>	23B. ADDRESS <u>University Hospital</u>
23C. DATE SIGNED <u>9/14/53</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE
24C. NAME OF CEMETERY OR CREMATORY	
24D. LOCATION (City, town, or county) (State)	
UNIVERSITY MEDICAL SCHOOL SEP 1 1953	
DATE RECEIVED BY LOCAL REGISTRAR <u>SEP 20 1953</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams</u>
25. FUNERAL DIRECTOR <u>Huntington Williams</u> ADDRESS	

K-420

53 8416

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8416

Registered No.

BIRTH NO. <u>53-21079</u>		1. NAME OF DECEASED (Type or Print) <u>BABY BOY KULACKI</u>		2. DATE OF DEATH <u>Sept. 1/53</u>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>md</u> b. COUNTY <u>Baltimore</u>			
b. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Sinai Hospital of Baltimore</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>			
c. Length of stay in Baltimore <u>4 hrs 26 min</u>		d. STREET ADDRESS (If rural, give location) <u>Box 366 R.F.D. #15 Revoka Beach Rd</u>			
5. SEX <u>m</u>	6. COLOR OR RACE <u>w</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>s</u>	8. DATE OF BIRTH <u>Sept. 1/53</u>	9. AGE (In years last birthday)	10. Under 1 Year Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Baltimore</u>	
13. FATHER'S NAME <u>Walter Anthony Kulacki</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		14. MOTHER'S MAIDEN NAME <u>Theresa Hundt Kulacki</u>	
17. INFORMANT <u>mother</u>		ADDRESS <u>above</u>			
18. <u>776x</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>?</u>		CAUSE OF DEATH (A) <u>?</u> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs. 26 min.</u>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <u>Anemia?</u> DUE TO (C) <u>Prematurity</u>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION <u>✓</u>		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		19c. IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Sept. 1</u> , 19 <u>53</u> , to <u>Sept. 1</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Sept. 1</u> , 19 <u>53</u> , and that death occurred at <u>5 p. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Malcolm Robbins</u>		23b. ADDRESS <u>Sinai</u>		23c. DATE SIGNED <u>9/9/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY	
24d. LOCATION (City, town, or county)		(State)			
DATE RECEIVED BY LOCAL REGISTRAR <u>SEP 20 1953</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>		25. FUNERAL DIRECTOR <u>Huntington Williams</u>	
VS 150					

UNIVERSITY MEDICAL SCHOOL, SEP 5 1953

883

883

THE TRAIL, MAY 1, 1900

WALL
CONCRETE
BOND

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

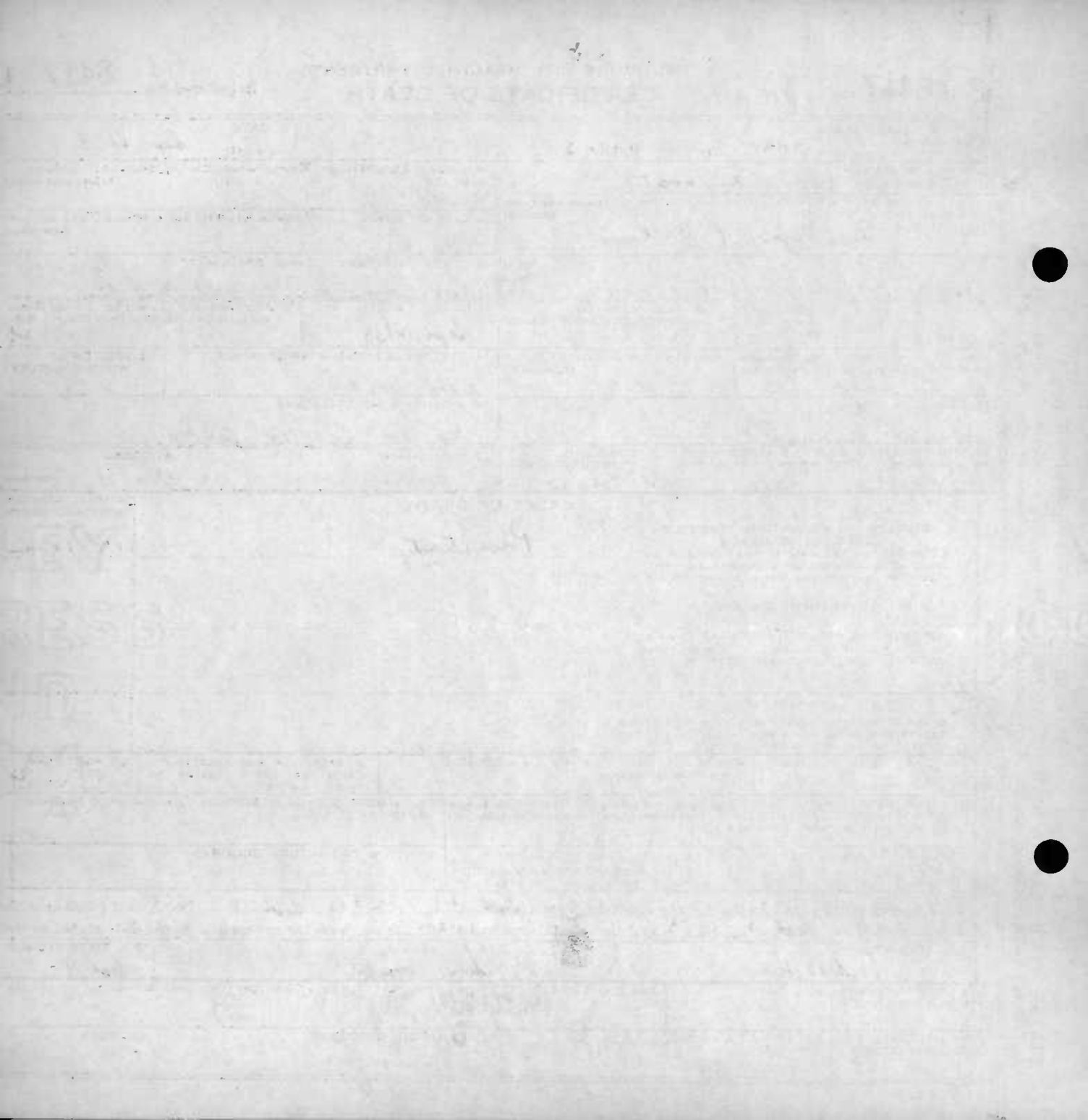
0-620

53 8417
BIRTH NO. 23-21080

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8417
Registered No. _____

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
BABY BOY PARKS		Sept. 2/53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE md	
B. FULL NAME OF HOSPITAL OR INSTITUTION Simi Hospital of Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 1 hr 25 min		D. STREET ADDRESS (If rural, give location) Box 465 - Cowenton Ave. Md.	
5. SEX male	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH Sept. 2/53
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In years; last birthday) 1
13. FATHER'S NAME Wayne Kangas		11. BIRTHPLACE (State or foreign country) Baltimore	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		12. CITIZEN OF WHAT COUNTRY? U.S.	
16. SOCIAL SECURITY NO. None		14. MOTHER'S MAIDEN NAME Mayon Bartley Parks	
17. INFORMANT Mother		ADDRESS Above	
18. 776x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity		INTERVAL BETWEEN ONSET AND DEATH 1 hr. 15 min	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)			
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
21A. DATE OF OPERATION 0		21B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
21C. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21D. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21E. TIME (Month) (Day) (Year) (Hour) OF INJURY		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept. 2, 1953, to Sept. 2, 1953, that I last saw the deceased alive on Sept. 2, 1953, and that death occurred at 2:10 p. m., from the causes and on the date stated above.			
23A. SIGNATURE P. Schaffke		23B. ADDRESS Simi Hospital	
23C. DATE SIGNED Sept. 9			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
24C. NAME OF CEMETERY OR CREMATORY UNIVERSITY MEDICAL SCHOOL		24D. LOCATION (City, town, or county) (State) SEP 1953	
25. DATE RECEIVED BY LOCAL REGISTRAR		25. REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR Huntington Williams		25. ADDRESS	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 8418****53 8418**
BIRTH NO. **409**1. NAME OF DECEASED
(Type or Print)*Donna Strine*2. DATE
OF
DEATH*Sept. 19 - 1953*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Hal. Rec.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTION **JOHNS HOPKINS HOSPITAL**

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

R. D. 4

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years,
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*JOHNS HOPKINS HOSPITAL*18. *754.4*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) *Heart Congenital heart
disease.*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
(C)OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *9-16*, 19*53*, to *9-19*, 19*53*, that I last saw the
deceased alive on *9-19*, 19*53*, and that death occurred at *9:54* A. M., from the causes and on the date stated above.

23A. SIGNATURE

Am Morgan

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

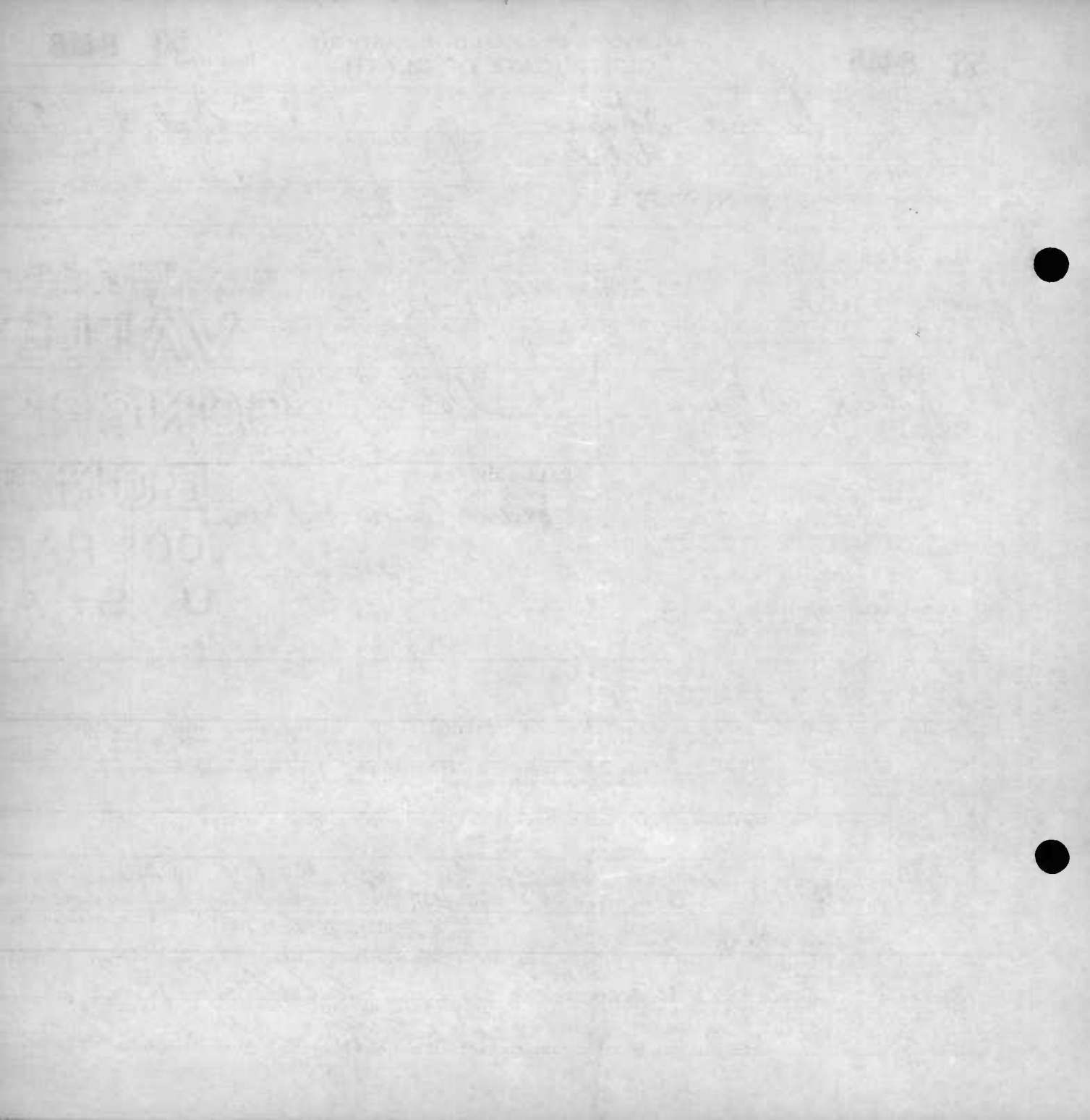
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burial
*SEP 20 1953**Sept 22, 1953 Paddocktown*
*Huntington, W. Va.**Paddocktown Pa*
Dr. E. E. Schenck 2405 12th Street



K. 455

53 8419

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8419

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LIBBY KHEIMAN

2. DATE
OF
DEATH

9-18-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

2900 Violet Ave

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

O. STREET ADDRESS (If rural, give location)

2900 Violet Ave

C. Length of stay in Baltimore

48

Yrs.
Mon.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

8. DATE OF BIRTH

9. AGE (in years last birthday)

13

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Not known

14. MOTHER'S MAIDEN NAME

Meeka

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Max Kleiman 4806 Reister Rd

1B. 470.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Coronary Thrombosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertensive, Arteriosclerosis
Cardio-Vascular Disease

(C)

INTERVAL BETWEEN ONSET AND DEATH

?

II

OTHER SIGNIFICANT CONOITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

None

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-17, 1953, to 9-18-53 19, that I last saw the deceased alive on 9-17, 1953, and that death occurred at 7 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Ephraim T. Resany

M. D.

23B. ADDRESS

3210 E. Liberty St

23C. DATE SIGNED

9/20/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9-20-53

24C. NAME OF CEMETERY OR CREMATORY

Rose Dale

24D. LOCATION (City, town, or county) (State)

Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Jack Kew

ADDRESS

2100 Eastern Rd

2310
Louis Blum
Eutaw

La 0089

2122
Park Ave
La 6564

Resource Hqts
Liberty

3210

97M

M-612

53 8420

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8420
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SABAH MIRVIS

2. DATE
OF
DEATH

9-18-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland *X613 Park Hgts*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Mt Sinai Home

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 13-02

D. STREET ADDRESS (If rural, give location)

2007 Ballow Ave

C. Length of stay in Baltimore

18 Yrs. *18* Mos. *18* Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

9. AGE (in years, last birth day)

83

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTH PLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Not Known

14. MOTHER'S MAIDEN NAME

Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

*Jack Mirvis - Same*18. *422.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Chr. cardio-vascular disease*

DUE TO

3 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *6-1*, 19*52*, to *9-18*, 19*53*, that I last saw the deceased alive on *7-18*, 19*53*, and that death occurred at *10 A.* m., from the causes and on the date stated above.

23A. SIGNATURE

William Chevin

M. D.

23B. ADDRESS

3400 Halton Rd

23C. DATE SIGNED

9-18-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9-20-53

24C. NAME OF CEMETERY OR CRIMATORY

Herring Run

24D. LOCATION (City, town, or county)

Balto Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Jack Kewin

ADDRESS

2100 Eutan Rd

0318 82

0318 82



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 8421****G-420**
53 8421
BIRTH NO.

1. NAME OF DECEASED (Type or Print) George GLICK			2. DATE OF DEATH 9. 19. 53.		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore Md.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution) Sinai Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-10		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3920 Maine Ave		
5. SEX M.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH		9. AGE (In years last birthday) 58
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) merchant		10B. KIND OF BUSINESS OR INDUSTRY General Mdrse		11. BIRTHPLACE (State or foreign country) Washington DC	
13. FATHER'S NAME Meyer		14. MOTHER'S MAIDEN NAME Ross		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) YES		16. SOCIAL SECURITY NO. WART		17. INFORMANT Gabe Glick 6006 Park Hgts	
18. 581.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cirrhosis of Liver DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Acute Liver Coma DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9. 9. 1953 , to 9. 19. 1953 , that I last saw the deceased alive on 9. 19. 1953 , and that death occurred at 5:50 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Morris M. Goldkes M. D.			23B. ADDRESS Sinai Hospital		23C. DATE SIGNED 9. 19. 53.
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9-20-53	24C. NAME OF CEMETERY OR CREMATORY Hebrew Friendship		24D. LOCATION (City, town, or county) (State) Balt Md
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR James Lewis ADDRESS 2100 Eutaw Pl	

22 M 9

George S. Clark
Baltimore Md

St. Joseph Hospital

W. 21.2

Cirrhosis of Liver

Acute Liver Coma

2/1

9. 19. 22

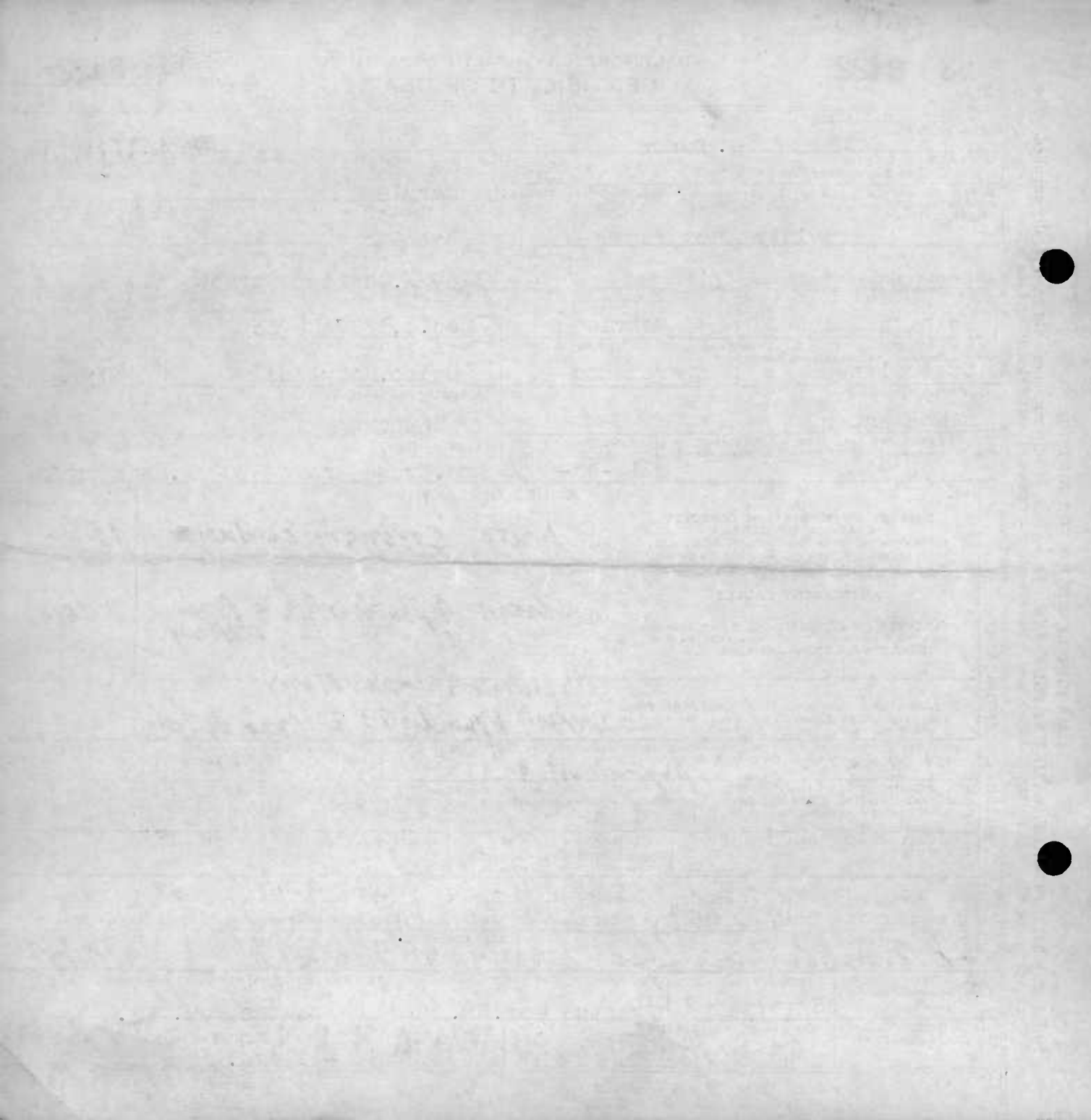
St. Joseph Hospital

21. 19. 22

George S. Clark

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 8422**

BIRTH NO. 53 8422		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 53 8422	
1. NAME OF DECEASED (Type or Print) Delaware C. Brown			2. DATE OF DEATH Sept. 17, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Provident Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 3209 N. Charles Street		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 4, 1887	9. AGE (In years last birthday) 65	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian		10B. KIND OF BUSINESS OR INDUSTRY apartments	11. BIRTHPLACE (State or foreign country) Balto. Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Simon Brown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 214-01-5460	17. INFORMANT Mrs. Irene Brown-3209 N. Charles St.		
18. 552X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Coronary occlusion DUE TO CAUSE OF DEATH Chronic Appendicitis & Appendectomy DUE TO INTERVAL BETWEEN ONSET AND DEATH 12 hrs 17 days			II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Exploratory laparotomy Chronic Appendicitis & Appendectomy		
19A. DATE OF OPERATION 9-8-53		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Appendicitis		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-1-1953 to 9-17-1953 , that I last saw the deceased alive on 9-17-1953 , and that death occurred at 8:45 p. m. , from the causes and on the date stated above.					
23A. SIGNATURE Stamolin Philp		23B. ADDRESS 558 M. Michan H.		23C. DATE SIGNED 9/17/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9/17/53		24C. NAME OF CEMETERY OR CREMATORY Arbutus Mem. Pk.	
DATE RECEIVED BY LOCAL REGISTRAR SEP 20 1953		REGISTRAR'S SIGNATURE Huntington W. F. 30		25. FUNERAL DIRECTOR Holland Funeral Home ADDRESS 1631 Druid Hill Ave.	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8423

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rose Richman

2. DATE
OF
DEATH

9. 20. 53.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Sinai Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 14-02

D. STREET ADDRESS (If rural, give location)

562 Wilson St

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept 25, 1916

9. AGE (In years
last birthday)

42

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House Wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Nathan Lewis

14. MOTHER'S MAIDEN NAME

Zlata P.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS 562

Mr Jack Richman

Wilson St

18. 171X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Generalized Carcinomatosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Primary Ca. of Cervix.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

n.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9. 10. 1953 to 9. 20. 1953 that I last saw the
deceased alive on 9. 20. 1953, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Morris M. Goldberg

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

9. 20. 53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Sept 20, 1953

National Funeral Home

Rosedale Balto Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS 1126

SEP 20 1953

Huntington Williams

1126 W North Ave

1126 W North Ave

STATE OF NEW YORK
DEPARTMENT OF HEALTH

State of New York

County of ...

City of ...

State of New York

County of ...

City of ...

State of New York

County of ...

City of ...

State of New York

County of ...

City of ...

State of New York

County of ...

City of ...

State of New York

County of ...

City of ...

E-420

53 8424

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8424

1. NAME OF DECEASED (Type or Print) Beatrice Maria Ellis			2. DATE OF DEATH Sent. 17, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2501 Madison Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 35 yrs.			D. STREET ADDRESS (If rural, give location) 2501 Madison Ave.		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9/24/1899	9. AGE (in years, last birthday) 54	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY Private-Family	11. BIRTHPLACE (State or foreign country) Whitehall, Balto. Co. Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Hurry Guy			14. MOTHER'S MAIDEN NAME Estelle Lewis		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Estelle Woodson		
18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Coronary Vascular Disease DUE TO (B) Disease - Hypertension DUE TO (C) Arteriosclerosis INTERVAL BETWEEN ONSET AND DEATH 2 years					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 9/20/53		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug 8, 1953 to Sept 13, 1953 , that I last saw the deceased alive on 9/17, 1953 and that death occurred at 8:45 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE M. Vaccaro		23B. ADDRESS 600 N. Arlington		23C. DATE SIGNED 9/18/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9/20/53		24C. NAME OF CEMETERY OR CREMATORY Pine Grove Cemetery	
DATE RECEIVED BY LOCAL REGISTRAR SEP 20 1953		REGISTRAR'S SIGNATURE H. H. H. H. H.		24D. LOCATION (City, town, or county) (State) Whitehall Balto. Co. Md.	
		25. FUNERAL DIRECTOR Holland Funeral Home		ADDRESS 1631 Hill Ave.	

1912-13

REPORT OF THE BOARD OF HEALTH

CITY OF NEW YORK

1912-13

WILLIAM

WILLIAM

WILLIAM

WILLIAM

WILLIAM

WILLIAM

WILLIAM

WILLIAM

WILLIAM

WILLIAM

WILLIAM

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8425

BIRTH NO. 53 8425

1. NAME OF DECEASED
(Type or Print)

Mary R. Sparks

2. DATE
OF
DEATH

Sept. 17, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Baltimore City Hospitals
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Schriner Nursing Home

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

Wh

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Wid.

8. DATE OF BIRTH

Oct. 31, 1870

9. AGE (In years
last birthday)

82

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Dillehunt (d)

14. MOTHER'S MAIDEN NAME

Helena Moore (d)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. 4940 Eastern Ave. (records)

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Generalized arteriosclerosis

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-10, 1953 to 9-17, 1953, that I last saw the
deceased alive on 9-17, 1953, and that death occurred at 6:15 PM, from the causes and on the date stated above.

23A. SIGNATURE

H. J. Jones

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

9-17-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 24, 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Edgar W. Grouble 2242 Eager St

Page 3, Back

William H. Harrison
1801-1841

Oct. 11, 1791

James H. Harrison

James H. Harrison

James H. Harrison

James H. Harrison

James H. Harrison

James H. Harrison

James H. Harrison

563

53 8426

IRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8426

NAME OF DECEASED
(Type or Print)

Adam G. Reinhardt

2. DATE
OF
DEATH

9-17-53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

2224 E. Eager St.

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore 67

SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

Patrolman

10B. KIND OF BUSINESS OR
INDUSTRY

Police Dept.

FATHER'S NAME

John Reinhardt

WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

George Reinhardt 2423 E. Lanvale St.

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Myocardial Failure

30 min.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerotic Heart Disease

1 yrs.

(C)

Generalized Arteriosclerosis

5 yrs.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Jan 2 1943, to Sept. 17, 1953, that I last saw the
deceased alive on Sept 11, 1953, and that death occurred at 12:49 a.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

9-20-53

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 20 1953 H. A. 2512-9-20-53 FROVACH, SON 900 N. CHESTER ST.

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

John J. [illegible]
241 [illegible]

h

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 8427**BIRTH NO. **53 8427**1. NAME OF DECEASED
(Type or Print)**Andrew KARAPLACA**2. DATE OF DEATH **SEP 19 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Oslar 6**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto. 26-07

D. STREET ADDRESS (If rural, give location)

706 S. Oldham St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

S.

8. DATE OF BIRTH

11-30-93 6-9

9. AGE (In years, last birthday)

If Under 1 Year

If Under 24 Hours

Months: Days

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Bethlehem Steel Co

11. BIRTHPLACE (State or foreign country)

Turkey

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George Karaplaca

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL18. **422.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **ARTERIOSCLEROTIC CARDIO-
DUE TO VASCULAR DISEASE****11 yrs.**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **9-13-1953** to **9-19-1953** that I last saw the deceased alive on **9-19-1953** and that death occurred at **130 Am.**, from the causes and on the date stated above.

23A. SIGNATURE

A. H. Quenow, Jr.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Sept 21/1953

24C. NAME OF CEMETERY OR CREMATORY

Greek Orthodox

24D. LOCATION (City, town, or county)

Brooklyn, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington, Md.

25. FUNERAL DIRECTOR

Wm. J. Unsworth 4204 Ridgwood Ave

ADDRESS

KAROLINA

NEW

MD.

PAID

10-11-1914

11-20-14

11-20-14

ANTHROPOLOGICAL

11

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 8428
Registered No. 53 8428

BIRTH NO. 53 8428		1. NAME OF DECEASED (Type or Print) ROY L. HUDSON		2. DATE OF DEATH August 24, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital		C. CITY OR TOWN Baltimore		D. STREET ADDRESS (If rural, give location) 109 N. Carey Street	
c. Length of stay in Baltimore		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) U		8. DATE OF BIRTH U	
5. SEX Male		6. COLOR OR RACE White		9. AGE (in years last birthday) 62	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY K		11. BIRTHPLACE (State or foreign country) K	
13. FATHER'S NAME N		14. MOTHER'S MAIDEN NAME O		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. N		17. INFORMANT ADDRESS	
18. <i>E903.5 and 322.0</i> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Skull fracture SKYX INTERVAL BETWEEN ONSET AND DEATH					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Contusion of brain SKYX (C) Acute alcoholism					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) pavement		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Baltimore & Calhoun Sts. 19/2	
21D. TIME (Month) (Day) (Year) (Hour) 8/24/53 2:20 P.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Fell to pavement striking head while intoxicated	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William V. ...</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Aug. 25, 1953	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	

VS 151

N 803.2

UNIVERSITY MEDICAL SCHOOL SEP 17 1953

SEP 4 1953

Huntington Wm.

8518

WASHINGTON FIELD OFFICE
CENTRAL RECORDS SECTION

8518

100-100000

100-100000

100-100000

100-100000

100-100000

2100
53 8429 SEP 9 1953
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8429
Registered No.

1. NAME OF DECEASED (Type or Print) LOTT POOLE		2. DATE OF DEATH Aug 28, 1953	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived): A. STATE MD B. COUNTY Baltimore C. CITY OR TOWN Baltimore D. STREET ADDRESS (If rural, give location) 415 N Fremont Ave.	
5. FULL NAME OF (If not in hospital or institution, give street address or location) Linden Memorial Hospital 22 N Carey St.		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
9. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)		10. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) ?		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME ?		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	
18. 420.0 and 322.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) Arteriosclerosis of the heart - disease DUE TO (B) DUE TO (C) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. malnutrition chronic alcoholism		INTERVAL BETWEEN ONSET AND DEATH	
19. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour)	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 20, 1953 to Aug 28, 1953 that I last saw the deceased alive on Aug 27, 1953 and that death occurred at 8:00 P. M. , from the causes and on the date stated above.			
23A. SIGNATURE E. Walter Sherrington		23B. ADDRESS 2301 Harlem Ave	
23C. DATE SIGNED 9/8/53		23D. NAME OF CEMETERY OR CREMATORY	
23E. LOCATION (City, town, or county) (State)		23F. DATE RECEIVED BY REGISTAR	
23G. REGISTRAR'S SIGNATURE		23H. FUNERAL DIRECTOR	
23I. ADDRESS		23J. VS 150	

NOT A MEDICAL EXAMINER'S CASE

_____ M.D.
CHIEF OR ASST. MEDICAL EXAMINER

53 8430

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8430

NAME OF DECEASED
(Type or Print)

MR. JOSEPH KECKANCKAS

2. DATE
OF
DEATH

9/16/53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

CHURCH HOME + HOSPITAL

Length of stay in Baltimore

OVER 20

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MARYLAND B. COUNTY BALTIMORE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BRADSHAW

D. STREET ADDRESS (If rural, give location)

5300

SEX

M

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1887

9. AGE (In years
last birthday)

66

If Under 1 Year
Months Days Hours Min.A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

FARMER

10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

LITHUANIA

12. CITIZEN OF
WHAT COUNTRY?

FATHER'S NAME

NOT KNOWN

14. MOTHER'S MAIDEN NAME

Not Known

A. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 450.0 and 026x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

UREMIA

DUE TO

Congestive Heart Failure

(B)

~~CAUSE OF DEATH~~

DUE TO

Generalized Arteriosclerosis

(C)

2 weeks

1 Month

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CNS SYPHILIS (?)

19a. DATE OF OPERATION

NONE

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/14, 1953, to 9/16, 1953, that I last saw the deceased alive on 9/15, 1953, and that death occurred at 3:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE

Reed Carroll

M. D.

23b. ADDRESS

Church Home & Hospital

23c. DATE SIGNED

9/16/53

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

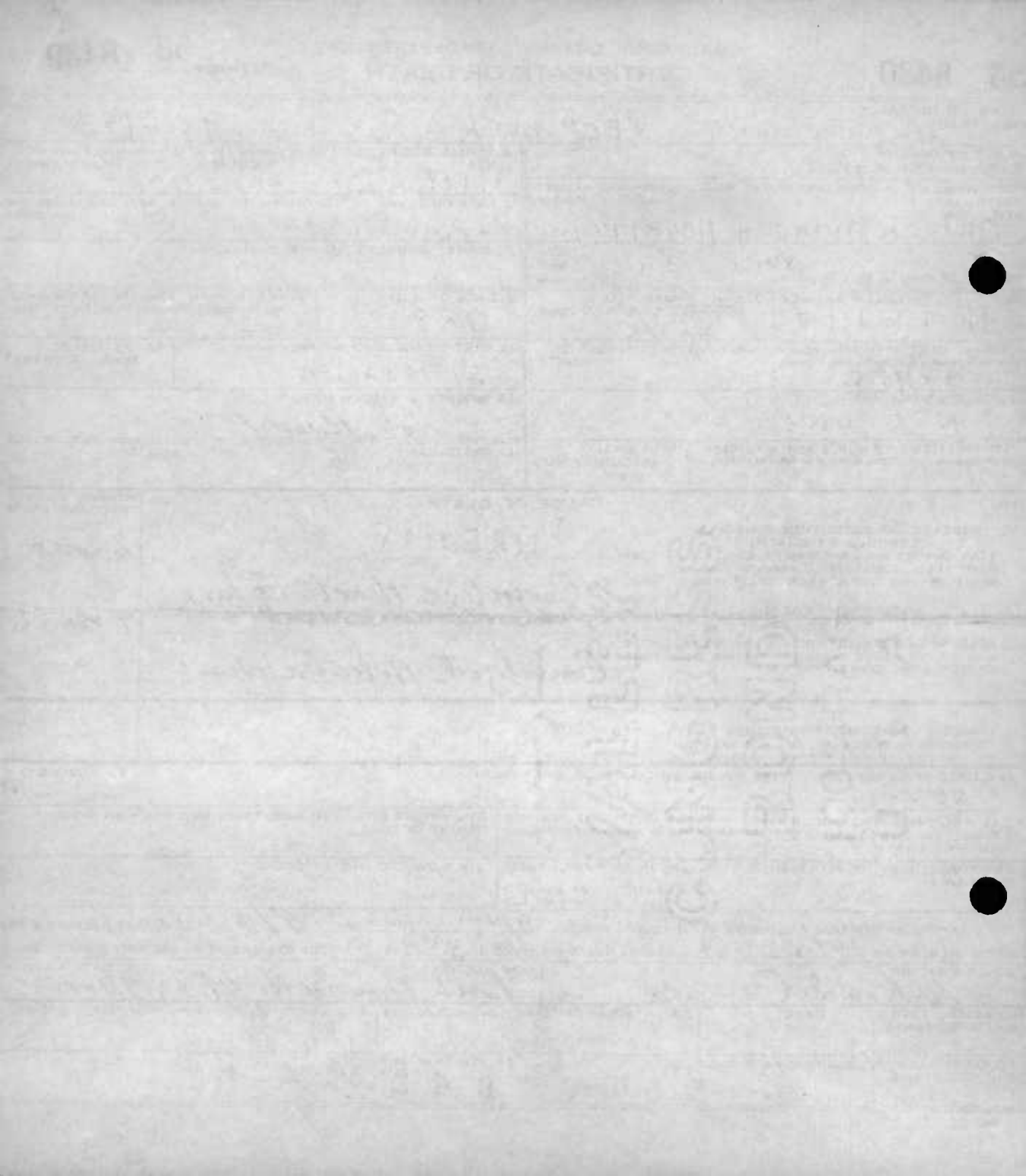
24d. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



53 8431

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8431

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE HANDY BROWN

2. DATE
OF
DEATH

September 15, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Anne Arundel

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Maryland Penitentiary

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Annapolis

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 25, 1901

9. AGE (In years
last birthday)

51

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Annapolis, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George H. Brown

14. MOTHER'S MAIDEN NAME

Elizabeth

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Sallie Brown 1010 W. Lexington St.

18. 017X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Healed tuberculosis, right upper lobe

XXXXXX

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Tuberculosis of adrenals

XXXXXX

(C) Addison's disease

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
M.D. MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
Sept. 15, 195324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

9/20/53

24C. NAME OF CEMETERY OR CREMATORY

Brewerhill Cemetery

24D. LOCATION (City, town, or county)

Annapolis, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

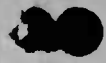
Charles A. Rice 661 W. Barre St.

VS 151

js

97099

1918 22 1918 22



C-636 FJ 134015 53 8432 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 8432 Registered No.	
1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
William Henry Carter			8-24-1953		
3. PLACE OF DEATH A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)		
B. FULL NAME OF HOSPITAL OR INSTITUTION			A. STATE		
Baltimore City Hospitals			Maryland		
4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
c. Length of stay in Baltimore			Baltimore		
40 yrs.			22-12		
5. SEX			D. STREET ADDRESS (If rural, give location)		
Male			4940 Eastern Avenue		
6. COLOR OR RACE			8. DATE OF BIRTH		
Negro			Feb. 22, 1889		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)			9. AGE (In years last birthday)		
Widow			69 77		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country)		
			Virginia		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Deceased			Deceased		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)			17. INFORMANT ADDRESS		
(If yes, give war or dates of service)			B.C.H. 4940 Eastern Ave. (records) ✓		
16. SOCIAL SECURITY NO.			18. CAUSE OF DEATH		
			18. 332X and 002X		
			DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		
			(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
			(A) Cerebral Thrombosis, site undetermined		
			DUE TO		
			ANTECEDENT CAUSES		
			(B) Fibrocaceous pulmonary Tuberculosis		
			DUE TO moderately far advanced, probably active		
			(C)		
			INTERVAL BETWEEN ONSET AND DEATH		
			(Over)		
			II		
			OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION			19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED		
			WHILE AT WORK NOT WHILE AT WORK		
			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 12 - 6 - 1949, to 8 - 24 - 1953 that I last saw the deceased alive on 8 - 24 - 1953, and that death occurred at 1:26 P.m., from the causes and on the date stated above.					
23A. SIGNATURE			23B. ADDRESS		
H. J. Williams			4940 Eastern Avenue		
M. D.			23C. DATE SIGNED		
			8-24-1953		
24A. BURIAL, CREMATION, REMOVAL (Specify)			24B. DATE		
			24C. NAME OF CEMETERY OR CREMATORY		
			24D. LOCATION (City, town, or county) (State)		
DATE RECEIVED BY LOCAL REGISTRAR			25. FUNERAL DIRECTOR ADDRESS		
SEP 20 1953			Huntington Williams, M.D.		
VS 150			8431		

MEDICAL CERTIFICATION

9/25/53

See memo in Document File from Dr. Charlotte Silverman, Director TBC Bureau, BCHD to
Dr Matthew Taback, Director, Statistical Section, BCHD

OPINION----- "Underlying cause of death should be: cerebral thrombosis,
site undetermined"

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 8433**

BIRTH NO.

Fj 59252

1. NAME OF DECEASED
(Type or Print)

Barbara Russell

2. DATE
OF
DEATH

8-26-1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTEBaltimore City Hospitals
4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 26-12

D. STREET ADDRESS (If rural, give location)

4940 Eastern Avenue

C. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widow

8. DATE OF BIRTH

3-12-1859

9. AGE (In years
last birthday)

94

H Under 1 Year
Months: DaysH Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Pete Carig

14. MOTHER'S MAIDEN NAME

Catherine

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
B.C.H. 4940 Eastern Ave. (Records)

18. 450.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic Gangrene of Rt. leg.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Generalized Arteriosclerosis

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 - 16 - , 1940 to 8 - 26 - , 1953, that I last saw the
deceased alive on 8 - 26 - , 1953, and that death occurred at 1:15 P.m., from the causes and on the date stated above.

23A. SIGNATURE

H. C. Johnson

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

8-26-1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL SEP 8, 1953

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Administrative Services of the Fed.

Administrative Services of the Fed.

...

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 8434****R-200**
53 8434
BIRTH NO.

1. NAME OF DECEASED (Type or Print) RAYMOND RICE			2. DATE OF DEATH 8/23/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 17-01		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 934 Argyll Avenue		
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) U	8. DATE OF BIRTH U	9. AGE (in years last birthday) 59	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) N K		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME N O			14. MOTHER'S MAIDEN NAME W		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. N		17. INFORMANT ADDRESS

18. 550.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
(A) Acute appendicitis with perforation and peritonitis		DUE TO		
ANTECEDENT CAUSES		(B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO		
(C)				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an PARTIAL AUTOPSY thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE Joseph A. Jachimczyk M.D.		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED 8/24/53
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS

10-19-62

UNITED STATES DEPARTMENT OF JUSTICE

FILE NO. 100-100000



2-4162
53 8435

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8435
Registered No.

1. NAME OF DECEASED (Type or Print) <i>George Clark</i>		2. DATE OF DEATH <i>8-18-53</i>	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Anne Arundel</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Provident Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Howard Ct.</i>	
6. LENGTH OF STAY IN BALTIMORE <i>life</i>		D. STREET ADDRESS (If rural, give location) <i>Jump Rd Bx 27. C. Rte 6</i>	
7. SEX <i>Male</i>	8. COLOR OR RACE <i>colored</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	10. DATE OF BIRTH <i>2-17-1864</i>
11. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>unemployed</i>		12. AGE (In years last birthday) <i>88</i>	
13. FATHER'S NAME <i>Samuel Clark</i>		14. BIRTHPLACE (State or foreign country) <i>Howard Ct., Md.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
17. SOCIAL SECURITY NO.		18. MOTHER'S MAIDEN NAME <i>Alice</i>	
19. INFORMANT		ADDRESS	

18. 334X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Generalized Arteriosclerotic with peripheral vascular disease.</i>		CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO <i>Arteriosclerotic</i>		
(B) DUE TO <i>Cerebral degeneration incident to Arteriosclerosis</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>6-15</i> , 19 <i>53</i> , to <i>8-18</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>8-18</i> , 19 <i>53</i> , and that death occurred at <i>8:50</i> a. m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Dr. Boufady</i>		23B. ADDRESS <i>Provident Hospital</i>		23C. DATE SIGNED <i>9-9-53</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY <i>UNIVERSITY MEDICAL SCHOOL</i>	
24D. LOCATION (City, town, or county)		24E. DATE RECEIVED BY LOCAL REGISTRAR		24F. REGISTRAR'S SIGNATURE <i>W. H. Williams</i>	
24G. FUNERAL DIRECTOR		24H. ADDRESS		24I. DATE RECEIVED BY LOCAL REGISTRAR	

5-125

53 8436

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8436

Registered No. _____

NAME OF DECEASED
(Type or Print)

Melvin Gibson

2. DATE
OF
DEATH

8-12-53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-01

D. STREET ADDRESS (If rural, give location)

1347 N. Cony St. Belk. Md

Length of stay in Baltimore

20 yrs.

Yrs.
Mos.
Days

SEX

M

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

unmarried

8. DATE OF BIRTH

6-16-1900

9. AGE (In years
last birthday)

53

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

unemployed

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Gibson

14. MOTHER'S MAIDEN NAME

Elizabeth Pungle

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 241X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, assthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Respiratory failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Bronchial Asthma, chronic

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?22. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 8-12, 1953, to _____, 19____, that I last saw the
deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

George R. Lupo

M. D.

23B. ADDRESS

Provident Hospital

23C. DATE SIGNED

9-9-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

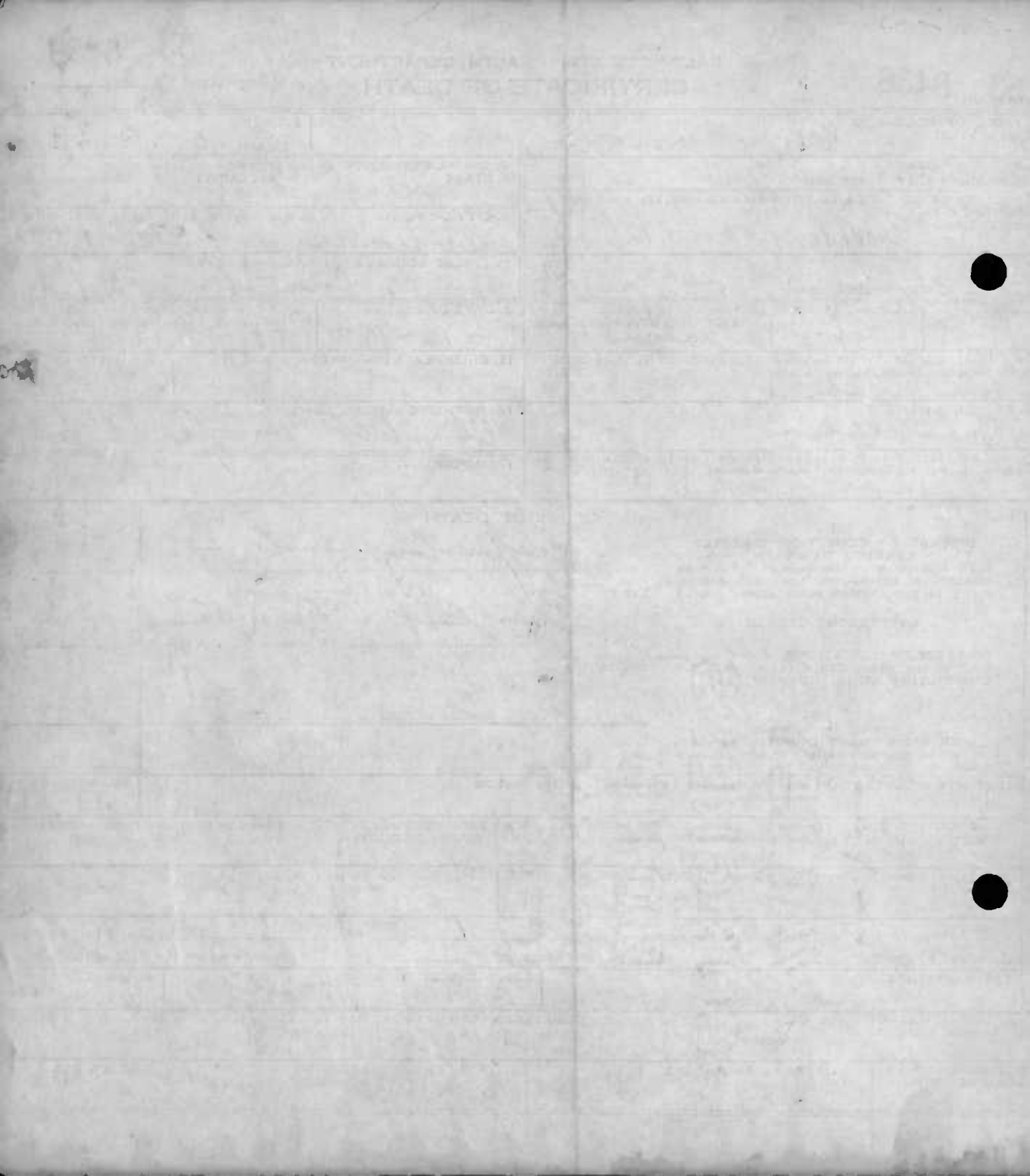
25. FUNERAL DIRECTOR

ADDRESS

ED 20153

Thelma S. Brown

8 4100000 William



F-552-5
RVJ 113886
BIRTH NO. 8437BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 8437

1. NAME OF DECEASED (Type or Print) William Fones		2. DATE OF DEATH 9-1-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-12	
c. Length of stay in Baltimore 40 yrs.		D. STREET ADDRESS (If rural, give location) 4940 Eastern Avenue	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Oct. 13, 1896
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 56
13. FATHER'S NAME Arthur Fones (dec.)		11. BIRTHPLACE (State or foreign country) Virginia	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Olecaia Lewis (dec.)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		17. INFORMANT ADDRESS B.C.H. 4940 Eastern Ave. (records)	
18. 527.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cerebellar Degeneration DUE TO ANTECEDENT CAUSES Emphysema DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9 - 17 - 1947 , to 9 - 1 - 1953 , that I last saw the deceased alive on 9 - 1 - 1953 and that death occurred at 10: P.m. , from the causes and on the date stated above.			
23A. SIGNATURE H. John Kee		23B. ADDRESS 4940 Eastern Avenue	23C. DATE SIGNED 9-1-1953
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY UNIVERSITY MEDICAL SCHOOL SEP. 18, 1953	
24D. LOCATION (City, town, or county) (State)	25. FUNERAL DIRECTOR ADDRESS		

1948

1948-1949

1948

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1948-1949

1948-1949

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 8438**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Ernest Littleton**2. DATE
OF
DEATH**9-19-53**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION**University Hospital**4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE B. COUNTY**MARYLAND**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

TACOMA PARK

D. STREET ADDRESS (If rural, give location)

1100 LINDEN AVENUE

c. Length of stay in Baltimore

Yrs.
2 Mos.
Days

5. SEX

MALE**WHITE**

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**MARRIED**

8. DATE OF BIRTH

2-13-19089. AGE (in years
last birthday)**45**If Under 1 Year
Months: Days**7**If Under 24 Hours
Hours: Min.**6****-****-**10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
**ADMINISTRATIVE ASSISTANT
OF TRANSPORTATION - BALTO. CITY**10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

HUNTINGTON, WEST VIRGINIA12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

JOHN SHERMAN LITTLETON

14. MOTHER'S MAIDEN NAME

FLORA WALTON15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

ALICE MARTIN LITTLETON, TACOMA PARK, MD.18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Arteriosclerotic Cardiovascular Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

Coronary OcclusionII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

William V. ...23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

9-20-5324A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

9-24-53

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

A. H. Mears & Son - 805 N. Calvert St.

[Faint, illegible text, likely bleed-through from the reverse side of the page]

BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH

Registered No. **53 8439**

53 8439 **52-10306**

1. NAME OF DECEASED (Type or Print) John Trammell			2. DATE OF DEATH 9/18/53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE		
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) TOWSON 4		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 6510 LOCH HILL ROAD.		
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH MAY 3, 1952		9. AGE (in years last birthday) 16
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BALE		10B. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME JAMES R. TRAMMELL			14. MOTHER'S MAIDEN NAME CLEVA R. CORLE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT JAMES R. TRAMMELL		

18. 754.4 and E954X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardiac Arrest during Surgery		CAUSE OF DEATH Cardiac Arrest during Surgery Congenital Heart Disease	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CONGENITAL HEART DISEASE			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?			

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William W. Burns		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. JOHN BURNS' SONS, TOWSON, MD.		23C. DATE SIGNED 9/19/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE SEPT. 21, 1953	24C. NAME OF CEMETERY OR CREMATORY GRANITE PRESBYTERIAN CEM.		24D. LOCATION (City, town, or county) (State) GRANITE, BALTO. CO., MD.	
DATE RECEIVED BY LOCAL REGISTRAR SEP 20 1953		25. FUNERAL DIRECTOR JOHN BURNS' SONS, TOWSON, MD.			

V S 151 **N999.0**

MARGIN RESERVED FOR BINDING
 PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES OF AMERICA

[Faint, illegible text, likely bleed-through from the reverse side of the page]

Luebeck, Maurice

2. DATE
OF
DEATH September 18, 1953

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

HOSPITAL OR _____ (location)

Maryland
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

St. Joseph's

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 26
 D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore	Yrs. Mos. Days
-----------------------------	----------------------

D. STREET ADDRESS (If rural, give location)

SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
-----	------------------	--

4010 Lyndale Avenue

Male	White	Married
A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY

8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months: Days	If Under 24 Hours Hours: Min.
	23		

Foreman-retired	Sharpe & Dohme
-----------------	----------------

Dec. 9, 1884	68				
11. BIRTHPLACE (State or foreign country)			12. CITIZEN OF WHAT COUNTRY		

1. FATHER'S NAME
?

Maryland	WHAT COUNTRY
----------	--------------

<p>15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)</p> <p>No.</p>	<p>16. SOCIAL SECURITY NO.</p>
---	--------------------------------

14. MOTHER'S MAIDEN NAME

?

18. 231X CAUSE

17. INFORMANT	ADDRESS
Mrs. Lynda Luebeck	4010 Lyndale Ave.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

[illegible]

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

[illegible]

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
---	--	--

27. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
---	---	----------------------------

22. I hereby certify that I attended the deceased from April, 1953, to 8-18, 1953, that I last saw the deceased alive on Sept. 18, 1953, and that death occurred at 3:20pm., from the causes and on the date stated above.

23A. SIGNATURE <i>William Moore</i>	23B. ADDRESS <i>3105 Belair Rd</i>	23C. DATE SIGNED <i>9-14-53</i>
--	---------------------------------------	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county)	(State)
Burial	Sept. 22, 1943	Parkwood	Parkville	MO

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
		Ullrich Funeral Home	2112 Dundalk Ave.

VS 150

STATE OF TEXAS
CERTIFICATE OF DEATH

1910

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L-356

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. ⁵³ 8441

8441

RTH NO.

NAME OF DECEASED
(Type or Print)

LEIDNER, MR. DANIEL

2. DATE
OF
DEATH

9/18/53

PLACE OF DEATH:

Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

FULL NAME OF (If not in hospital or institution, give street address or
location)

Rural Home & Hospital

C. CITY OR TOWN

(If outside corporate limits, write FULL and give
township)

Baltimore 27-38

D. STREET ADDRESS (If rural, give location)

1101 Walker Ave

Length of stay in Baltimore

59

Yrs.
Mos.
Days

SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

April 30, 1884

9. AGE (In years
last birthday)

59

If Under 1 Year
Months Days Hours Min.10. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

Plumber

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

O.S.

13. FATHER'S NAME

Jacob Leidner

14. MOTHER'S MAIDEN NAME

-

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Church Home & Hospital

18. 230X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Subarachnoid Hemorrhage 4 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

Arteriosclerosis

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORKNOT WHILE
AT WORK22. I hereby certify that I attended the deceased from 9/16, 1953, to 9/18, 1953, that I last saw the
deceased alive on 9/18, 1953, and that death occurred at 6:45 P.m., from the causes and on the date stated above.

23A. SIGNATURE:

David F. Dawson

M. D.

23B. ADDRESS

Church Home & Hospital

23C. DATE SIGNED

9/18/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

SEPT 21, 1953

24C. NAME OF CEMETERY OR CREMATORY

OAK LAWN

24D. LOCATION (City, town, or county)

COLGATE MD

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

SEP 21 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

W. L. RAY, FUNERAL HOME

ADDRESS

2112 DUNDALK

VS 150

57424

1113



340
8442

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53
8442

Registered No.

IRTH NO.

NAME OF DECEASED
(Type or Print) MR. JOHN F. ETTLE.

2. DATE OF DEATH
SEPT. 19, 1953

PLACE OF DEATH:
Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLAND B. COUNTY Anne Arundel

FULL NAME OF (If not in hospital or institution, give street address or location)
CHURCH HOME + HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE

D. STREET ADDRESS (If rural, give location)
5713 JOHNSON ST. 5250

5. LIFE
Length of stay in Baltimore

6. COLOR OR RACE
WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
MARRIED

8. DATE OF BIRTH
JUNE 22, 1889

9. AGE (In years last birthday)
64

10. UNDER 1 Year Months Days
11. UNDER 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
ICE MAN

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY?
U.S.

13. FATHER'S NAME
JOSEPH ETTLE

14. MOTHER'S MAIDEN NAME
ANNA PRIGER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.
NO

17. INFORMANT
SELF

ADDRESS
SAME

18. 150X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
1A of Esophagous
DUE TO
CAUSE OF DEATH
INTERVAL BETWEEN ONSET AND DEATH
8 days

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO
(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
9

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPT 13, 1953, to SEPT 19, 1953; that I last saw the deceased alive on SEPT 19, 1953, and that death occurred at 3:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE
John C. Calver

23B. ADDRESS
M. D. CHURCH HOME + HOSP.

23C. DATE SIGNED
SEPT. 19, 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

24B. DATE
9-22-53

24C. NAME OF CEMETERY OR CREMATORY
HOLY CROSS CEM

24D. LOCATION (City, town, or county) (State)
A. A. CO

25. FUNERAL DIRECTOR
William H. Williams

ADDRESS
121 E West St

VS 150

2906T

1113

REPUBLIC OF CHINA

1113



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

53 8443
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Isaac Schindler (SINDLER)		2. DATE OF DEATH 9-19-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Maryland General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 40 Yrs. 40 Mos. 40 Days		D. STREET ADDRESS (If rural, give location) 1429 John St	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 6-4
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor		10B. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME Jacob		14. MOTHER'S MAIDEN NAME Yetta	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Bessie Farfel		ADDRESS Wash DC	

18. E 812.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Skull Fracture	CAUSE OF DEATH (A) Skull Fracture DUE TO
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Subdural Hemorrhage	(B) Subdural Hemorrhage DUE TO
(C) _____	

**II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.**

19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) John & Mosher Streets 14/1	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY September 9, 1953		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Pedestrian struck by automobile	

22. I certify that I took charge of the remains described above, held on **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William V. Lewis		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED 9-20-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9-21-53		24C. NAME OF CEMETERY OR CREMATORY Rosedale	
24D. LOCATION (City, town, or county) (State) Balto, Md		24E. FUNERAL DIRECTOR Wm. Lewis		ADDRESS 2100 Center St	

V S 151

11503.2

5906E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

53 8444

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JACK SANDERS

2. DATE
OF
DEATH

9-20-53

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

42 Sinai

c. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 13-04

d. STREET ADDRESS (If rural, give location)

1624 Gurgun Falls Parkway

c. Length of stay in Baltimore

6

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

11-5-1914

9. AGE (In years
last birthday)

39

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10. USUAL OCCUPATION (Give kind of
work, including most of working life, even if hired)

Clerk -

10B. KIND OF BUSINESS OR
INDUSTRY

United Optical Works

11. BIRTHPLACE (State or foreign country)

Brooklyn, N.Y.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Samuel

14. MOTHER'S MAIDEN NAME

Rose

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Samuel Sanders - Home

18. 353.3

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Acute coronary occlusion

minutes

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertension

years

(C)

Epilepsy

years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 8, 1953, to Sept. 20, 1953, that I last saw the
deceased alive on Sept. 20, 1953, and that death occurred at 2:15 pm., from the causes and on the date stated above.

23A. SIGNATURE

Henry Armanas M. D.

23B. ADDRESS

1934 Wilkens Ave.

23C. DATE SIGNED

Sept. 20, 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

9-21-53

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county) (State)

Baltimore, Md

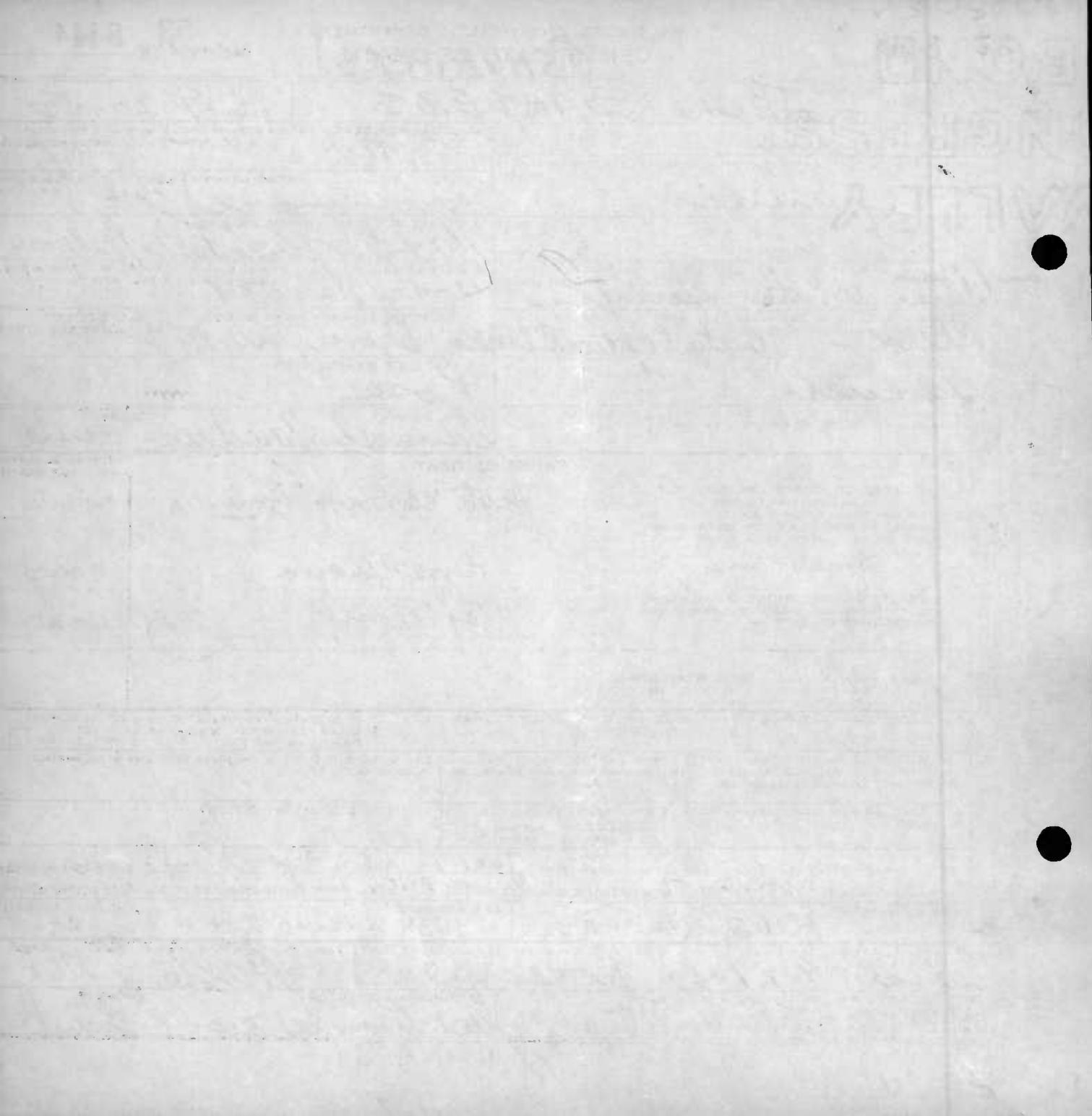
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. Jack Lewis, M.D. 3100 Canton Pl

25. FUNERAL DIRECTOR

ADDRESS



M-325
53 8445BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8445

BIRTH NO.		1. NAME OF DECEASED (Type or Print) YETTA MUTCHNIK		2. DATE OF DEATH 9-20-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY		5. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3530 Manchester Ave		D. STREET ADDRESS (If rural, give location) 3530 Manchester Ave		C. Length of stay in Baltimore 49 Yrs. Mo. Days	
6. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH	9. AGE (In years last birthday) 56	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Lith	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Abraham		14. MOTHER'S MAIDEN NAME Sarah	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS May Mutchnik - same	
18. 170X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary heart		(A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH 4 1/2	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Lung metastasis		(B) DUE TO		6m	
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 1949		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Mastectomy		20. AUTOPSY? IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1949 , 19, to 1953 , 19, that I last saw the deceased alive on Sept 20, 1953 , and that death occurred at 11 PM , from the causes and on the date stated above.					
23A. SIGNATURE W. J. [Signature]		23B. ADDRESS 5414 [Address]		23C. DATE SIGNED 9/20/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9-21-53		24C. NAME OF CEMETERY OR CREMATORY Mt Carmel	
24D. LOCATION (City, town, or county) (State) Balto Md		24E. DATE RECEIVED BY LOCAL REGISTRAR SEP 21 1953		24F. REGISTRAR'S SIGNATURE Huntington Williams	
24G. FUNERAL DIRECTOR Jack Lewis		24H. ADDRESS 2100 [Address]			

Daylin
5418 Park Hgts

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

53 8446

53-8446

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joan Vorke

2. DATE
OF
DEATH

Sept 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Fed. Hill 32

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Md.

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

72 Baltimore 22

D. STREET ADDRESS (If rural, give location)

708 51st St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

10-19-49

9. AGE (in years
last birthday)

3

If Under 1 Year
Months: Days

11

If Under 24 Hours
Hours: Min.12. CITIZEN OF
WHAT COUNTRY?10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

13. FATHER'S NAME

John Vorke

14. MOTHER'S MAIDEN NAME

Martha

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 492X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Pneumonitis with
hemoptysis, tachy-
cardia

2 days

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II20. AUTOPSY?
YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-18-1953 to 9-18-1953 that I last saw the
deceased alive on 9-18-1953 and that death occurred at 9:25 m., from the causes and on the date stated above.

23A. SIGNATURE

Victor E. ... MD

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

9/18/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 21 1953

Huntington, ...

1703 N. Patterson Park Ave

To be approved

NOT A MEDICAL EXAMINER'S CASE
Joseph T. Jackiewicz
M.D.
CHIEF OR ASST. MEDICAL EXAMINER

F 640
8447BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8447
Registered No.

RTH NO.

NAME OF DECEASED
(Type or Print)

Claude T. Farley

2. DATE
OF
DEATH

Sept. 20, 1953

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF
HOSPITAL OR
STATION (If not in hospital or institution, give street address or location)

2745 Raynor Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, with RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2745 Raynor Ave.

Length of stay in Baltimore

Life

SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

Electrical Eng.

10B. KIND OF BUSINESS OR
INDUSTRY

H.J. Mc Grath

FATHER'S NAME

Lawrence Farley

CANNED goods

WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

NO

NO

16. SOCIAL
SECURITY NO.
216.09.8151

14. MOTHER'S MAIDEN NAME

Margarette Brown

17. INFORMANT

ADDRESS

Edna M. Farley 2745 Raynor Ave. 16

18. 162X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Bronchogenic Carcinoma - Rt

8 mo

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

None

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)22. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February, 1953, to 9-20, 1953, that I last saw the
deceased alive on 9-19, 1953, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Sam Ashman

M. D.

23B. ADDRESS

1201 Poplar Grove St

23C. DATE SIGNED

9-21-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 23, 1953

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cem.

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John T. Stansbury 2700 Edmondson Ave.

04442

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
DEATH CERTIFICATE

DATE OF DEATH

TIME OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

CAUSE OF DEATH

DIAGNOSIS

PLACE OF DEATH

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

TIME OF DEATH

1953

STATE OF NEW YORK

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

P-520

8448

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8448
Registered No.NAME OF DECEASED
(Type or Print)

MR. WALTER RAMSEY

2. DATE
OF
DEATH

Sept. 19. 53

PLACE OF DEATH:

Baltimore City, Maryland

Balt. Md.

FULL NAME OF (If not in hospital or institution, give street address or location)

Lutheran Hospital of Maryland

Yrs.
Mos.
Days

Length of stay in Baltimore

Life

SEX

m.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

m.

A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

Retired Policeman

10B. KIND OF BUSINESS OR
INDUSTRY

Balto. City

FATHER'S NAME

David Ramsey

1. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

NO

NO

16. SOCIAL
SECURITY NO.

215.16;1367A

8. DATE OF BIRTH

July 22 1869

9. AGE (in years
last birthday)

84

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Mary Jane ?

MAZIE RAMSEY - wife ERMA dany

17. INFORMANT

ADDRESS

MAZIE RAMSEY - wife

SAME.

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Acute Myocardial Infarction 7 hours

E peripheral Vascular collapse

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE. (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic ~~Heart~~ Heart yrs.

(C)

disease - decompensated

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Sept. 18. 1953, to Sept 19, 1953, that I last saw the
deceased alive on Sept 19, 1953, and that death occurred at 2:26 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Thara Chan

M. D.

23B. ADDRESS

Lutheran Hosp.

23C. DATE SIGNED

Sept 19 1953

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

9/22/53

24C. NAME OF CEMETERY OR CREMATORY

Western

24D. LOCATION (City, town, or county)

Baltimore

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

SEP 21 1953

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

John T. Stansbury 2700 Edmondson Ave.

8442

5.23



W 452

53 8449

RTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8449
Registered No.NAME OF DECEASED
(Type or Print)

PLACE OF DEATH:

FULL NAME OF

HOSPITAL OR
INSTITUTION

Length of stay in Baltimore

SEX

F

6. COLOR OR RACE

Col

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

A. USUAL OCCUPATION (Give kind of
work done during most of working life, or if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

None

C. FATHER'S NAME

Green Berius

D. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

18. 174X

CAUSE OF DEATH 1214 Chatham

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

Carcinoma of uterus?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 21 53, to Sept 17 53, that I last saw the
deceased alive on Sept 16 1953, and that death occurred at 2 a m., from the causes and on the date stated above.

23A. SIGNATURE

J. F. R. Johnson

23B. ADDRESS

403 McArthur Bk

23C. DATE SIGNED

9-17-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept 17 1953

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary

24D. LOCATION (City, town, or county)

Brooklyn md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

SEP 21 1953

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

O. Wilson

ADDRESS

1000 Brantley Av

8113

81

RECEIVED AT THE
LIBRARY OF THE
UNITED STATES DEPARTMENT OF THE ARMY
WASHINGTON, D. C.

8113

530
8450

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8450
Registered No.

BIRTH NO.

NAME OF DECEASED
(Type or Print)

Monnie Smith

2. DATE
OF
DEATH

9-19-53

PLACE OF DEATH:

Baltimore City, Maryland Balto. City

FULL NAME OF (If not in hospital or institution, give street address or location)
OSPITAL OR INSTITUTION Provident Hospital

Length of stay in Baltimore

17 yrs

Yrs.
Mos.
Days

SEX
male

6. COLOR OR RACE
colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

4-15-1915

9. AGE (in years,
last birthday)

39

If Under 1 Year
Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

School

10B. KIND OF BUSINESS OR
INDUSTRY

on bus.

11. BIRTHPLACE (State or foreign country)

Que. Cornuch, S. C.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Earl Smith

14. MOTHER'S MAIDEN NAME

Ida

S. C.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hospital Records

18. DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

Congestive Heart Failure

INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Metrol insufficiency and stenosis

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-29, 1953, to 9-19, 1953, that I last saw the
deceased alive on 9-19, 1953, and that death occurred at 7:30 m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. J. R. Ryno / Dr. A. J. Hennes M. D.

23B. ADDRESS

Provident Hospital

23C. DATE SIGNED

9-19-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

9-21-53

24C. NAME OF CEMETERY OR CREMATORY

mt calvary cem.

24D. LOCATION (City, town, or county)

Brooklyn Heights

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

W. J. Wilson

ADDRESS

1000 Bunting

SEP 21 1953

1948, 54

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

1948



A-450
53 8481BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8481
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Samuel Lee Allen Jr

2. DATE
OF
DEATH

9/19/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore City

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

St Josephs Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1407 N. Dallas St

C. Length of stay in Baltimore

7 yrs.

Mos.
Days

5. SEX

male

6. COLOR OR RACE

col.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

July 12-1926

9. AGE (In years

last birthday)

27

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work conducted during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Gov.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF

WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Samuel Allen Sr

14. MOTHER'S MAIDEN NAME

Maggie Gordon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

yes

(If yes, give war or dates of service)

War #2

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Maggie Gordon 1407 N. Dallas St

8. E984X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) DUE TO

Gunshot wounds of Chest

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Parking lot

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Pennsylvania Railroad property

Parking lot near Guilford Avenue

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Sept. 19, 1953 2:33 A.M.

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Shot by policeman while trying to steal an automobile

22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry thercon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

Huntington Williams

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

M.D. MEDICAL INVESTIGATOR

23C. DATE SIGNED

9/19/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9-23-53

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Mt.

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

SEP 21 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Tebdy's. Wilson

ADDRESS

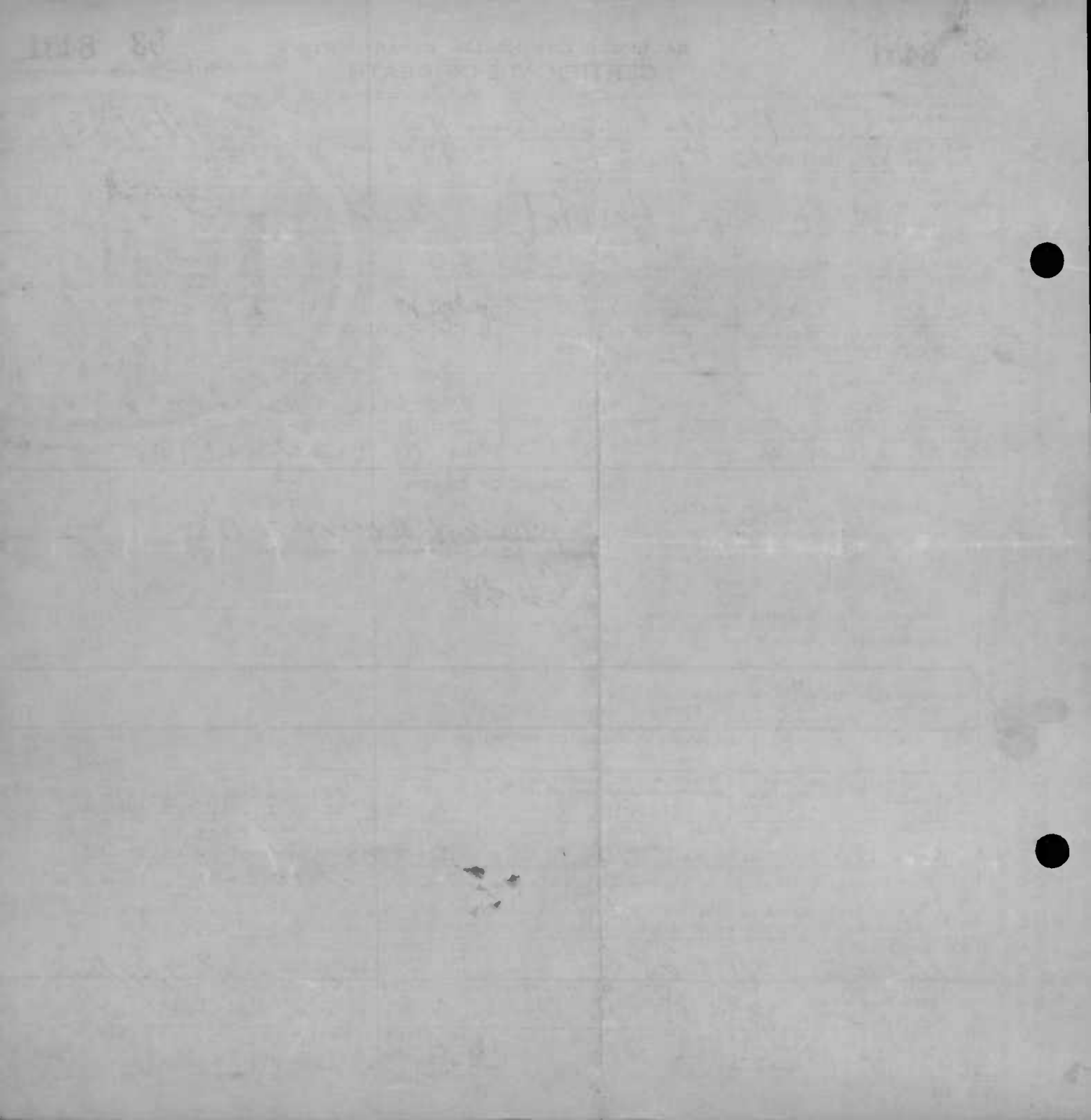
1000 Bunting St

VS 151

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97091



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **8452**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

REV. Father Charles Burckard

2. DATE
OF
DEATH

Sept. 20 - 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Marburg 1

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, give RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

7 S. Wolfe St.

c. Length of stay in Baltimore

4 YRS 6 MO

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

8-17-00

9. AGE (In years,
last birthday)

53

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Priest

10B. KIND OF BUSINESS OR
INDUSTRY

Priesthood

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

CHARLES BURCKARD

14. MOTHER'S MAIDEN NAME

Agnes Burckard

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

NO

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

463X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Extensive pulmonary infarction

1 hr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Rt. femoral vein thrombosis

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

ASHD, 2 auricular fibrillation and hist of embolization

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-6, 1953, to 9-20, 1953, that I last saw the deceased alive on 9-20, 1953, and that death occurred at 9:50 AM, from the causes and on the date stated above.

23A. SIGNATURE

Sidney Koston, M.D.

M. O.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

24B. DATE

SEPT 23 1953

24C. NAME OF CEMETERY OR CREMATORY

HOLY REDEEMER CEM.

24D. LOCATION (City, town, or county)

4430 BELAIR RD MD.

DATE RECEIVED BY
LOCAL REGISTRAR

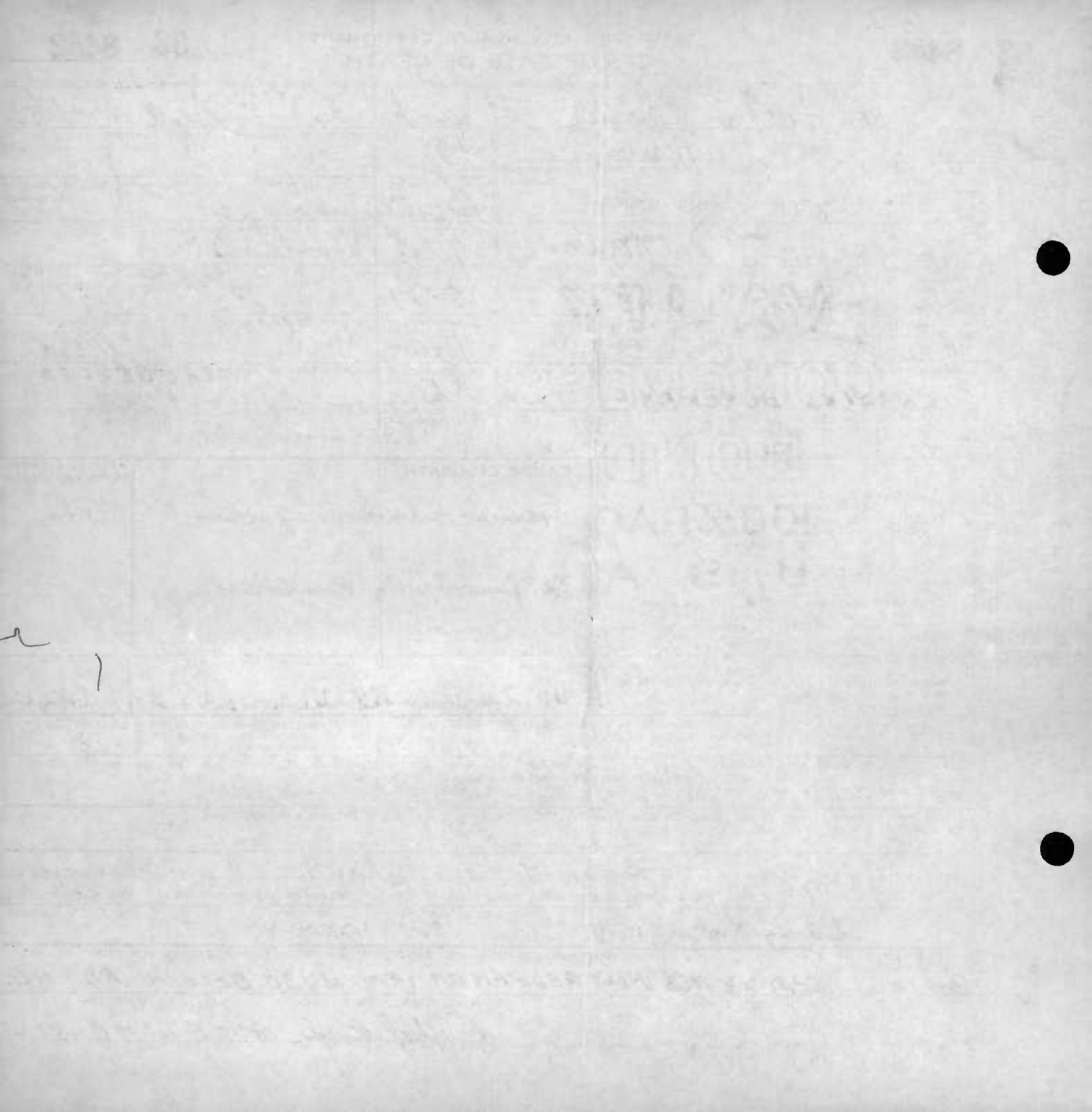
REGISTRAR'S SIGNATURE

Huntington, Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Dippel Bldg 1800 E LOMBARD ST



7-343
3 8453

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8453
Registered No.

NAME OF DECEASED
(Type or Print)

Mr. Gilbert Catlett

2. DATE
OF
DEATH

9/19/53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

Church Home & Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE West Virginia

B. COUNTY V-45

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Hedgesville

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

NEVER

SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Oct. 13, 1898

9. AGE (in years last birthday)

54

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RAILROADER

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

WEST VIRGINIA

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Mr. Samuel Catlett

14. MOTHER'S MAIDEN NAME

Alice Manor

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. S. M. Catlett, Hedgesville, W. Va.

18. 163X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

CA of Rt. Lung

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

long time

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

SENILITY

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

9/19/53

CANCER - RT. LUNG

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from SEPT. 16, 1953, to SEPT. 19, 1953, that I last saw the deceased alive on SEPT. 19, 1953, and that death occurred at 11 P.M., from the causes and on the date stated above.

23A. SIGNATURE

J. N. N. N.

23B. ADDRESS

CHURCH HOME & HOSPITAL

23C. DATE SIGNED

9/19/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 21 1953

William J. Pickens & Sons

North and Pa. Aves.

69050

Balto., Md.

100

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M-524

8454

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8454

Registered No.

IRTH NO.

NAME OF DECEASED
(Type or Print)

ELIZABETH M. MENZEL

2. DATE
OF
DEATH

Sept. 19, 1953

PLACE OF DEATH:
Baltimore City, MarylandFULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
STITUTION

1614 Abbottston St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1614 Abbottston St.

Length of stay in Baltimore
Yrs.
Mos.
Days

SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

Home

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

F. FATHER'S NAME

George Magaw

G. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.
None

17. INFORMANT

ADDRESS

Mr. William Menzel Above

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)22. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from July, 1952 to Sept 14, 1953 that I last saw the
deceased alive on June, 1953. and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

9/22/53

Loudon Pk. Cem.

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 21 1953 Huntington Williams

Rm. A. Baker & Sons, Inc. Balt. Md.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 8455

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Florence Oliver

2. DATE
OF
DEATH

9-20-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

333 Dolphin St.

C. CITY OR TOWN (If outside corporate limits, write U.S.A. and give
township)

Baltimore

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

333 Dolphin St.

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Aug. 12, 1881

9. AGE (In years
last birthday)

72

If Under 1 Year
Months; DaysIf Under 24 Hours
Hours; Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Cook

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Henry Nelson

14. MOTHER'S MAIDEN NAME

Sarah Wilson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Mr. William Nelson 333 Dolphin St

18. 175X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Terminal carcinoma

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Serous Cystadenoma of

Ovary

(C) DUE TO

Dx by lapro-tomy

MEDICAL CERTIFICATION

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ CAUSE OF
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, that I last saw the
deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

Wm. Tyson M.D.

23B. ADDRESS

Univ. Hosp

23C. DATE SIGNED

9-20-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

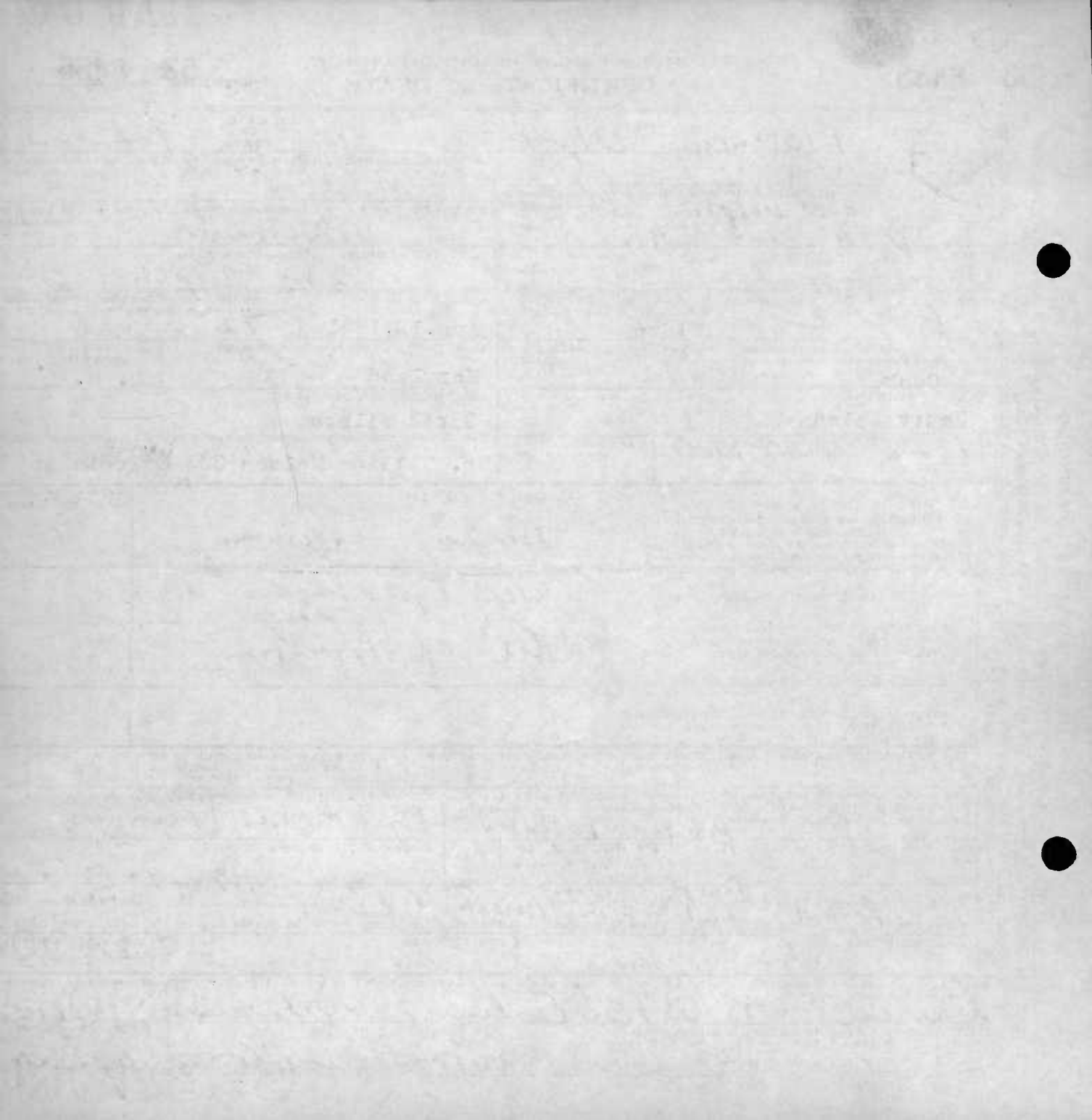
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



B-652

BARNES

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8456

8456

NAME OF DECEASED (Type or Print) <i>Gillie Barnes</i>		2. DATE OF DEATH <i>19 Sept 1953</i> <i>1:45 a.m.</i>	
PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>Howard</i>	
FULL NAME OF (If not in hospital or institution, give street address or location) OSPITAL OR INSTITUTION <i>Little Sisters of the Poor</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Elliott city Md</i>	
Length of stay in Baltimore <i>2 yrs</i>		D. STREET ADDRESS (If rural, give location) <i>Frees ave</i> <i>6300</i>	
SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>15th Sept 1880</i>
9. AGE (In years last birthday) <i>73</i>		10. Under 1 Year Months: Days: Hours: Min.	11. BIRTHPLACE (State or foreign country) <i>Catonville Md</i>
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>James Barnes</i>	
14. MOTHER'S MAIDEN NAME <i>Anna Owens</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT <i>Little Sisters of the Poor</i>	
18. <i>331X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Hemorrhage</i> DUE TO <i>Arterio Sclerosis</i> DUE TO <i>4 yrs</i>		INTERVAL BETWEEN ONSET AND DEATH <i>19 days</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <i>Sept 1-</i> , 1953, to <i>Sept 19-</i> , 1953, that I last saw the deceased alive on <i>Sept 18-</i> , 1953, and that death occurred at <i>6:30 A.M.</i> , from the causes and on the date stated above.	
23A. SIGNATURE <i>E Gill Hall Md.</i>		23B. ADDRESS <i>1631 E North ave</i>	
23C. DATE SIGNED <i>Sept 19-1953</i>		24. BURIAL, CREMATION, REMOVAL (Specify)	
24A. DATE <i>9-22-53</i>		24B. NAME OF CEMETERY OR CREMATORY <i>Cathedral Cem Baltimore</i>	
24C. LOCATION (City, town, or county) (State) <i>Md</i>		25. FUNERAL DIRECTOR <i>Mr. Tracey A. Murphy</i>	
26. DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 21 1953</i>		27. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
28. ADDRESS <i>578 E</i>		29. ADDRESS <i>578 E</i>	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8457

8457
BIRTH NO.

1. NAME OF DECEASED (Type or Print) CORINNE PAMELA LUCAS			2. DATE OF DEATH Sept. 19, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY none		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Park Hill Convalescent Home 1802 Eutaw Place			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 40 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1403 Park Avenue		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH May 21, 1884		9. AGE (In years last birthday) 69 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) W. Va.	
12. CITIZEN OF WHAT COUNTRY? U. S.			13. FATHER'S NAME George W. Lucas		
14. MOTHER'S MAIDEN NAME Mary Lucas			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Mrs. Wm. W. Matthews 157 W. Lanvale St.		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) Cerebral Hemorrhage		DUE TO		2 mks	
(B) Arterio-sclerosis		DUE TO		Gradual	
(C) Hyper tension		DUE TO		✓	
(D) Myocarditis		DUE TO		✓	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 1935 , to Sept 19, 1953 that I last saw the deceased on 9-19-1953 , and that death occurred at 5:45 P. M. , from the causes and on the date stated above.							
23A. SIGNATURE Wm. W. Matthews		23B. ADDRESS 1403 Park Ave.		23C. DATE SIGNED 9 - 21 - 53			

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9 - 22 - 53		24C. NAME OF CEMETERY OR CREMATORY Edgehill		24D. LOCATION (City, town, or county) (State) Charles Town, W. Va.	
DATE RECEIVED BY LOCAL REGISTRAR SEP 21 1953		REGISTRAR'S SIGNATURE Huntington Hollister		25. FUNERAL DIRECTOR John B. Mitchell & Sons, Inc.		ADDRESS -1900 Eutaw Pl	

1849 53

DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL

1849 53

T-100

3 8458

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8458

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

2. PLACE OF DEATH:

A. Baltimore City, Maryland

3. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

4. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

3. FATHER'S NAME

5. WAS DECEASED EVER IN U. S. ARMED FORCES?
(es. no. if unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 571.0

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

INTERVAL BETWEEN
ONSET AND DEATH21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 17, 1953, to Sept. 18, 1953, that I last saw the
deceased alive on Sept. 18, 1953, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

8013 33

RECEIVED

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10/11/11

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

N-400 JL-174697 53 8459 BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		53 8459 Registered No.	
1. NAME OF DECEASED (Type or Print) William Neill			2. DATE OF DEATH 9-20-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1727 Clarkson St. -30		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 26, 1905	9. AGE (In years last birthday) 48	H Under 1 Year Months: Days H Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Md.	
13. FATHER'S NAME James Neill			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No.			16. SOCIAL SECURITY NO.		
17. INFORMANT B. C. H. eedris, 4940 Eastern Ave.			ADDRESS		
18. 162X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bronchogenic Carcinoma - left lung. DUE TO (A) lyr. ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION Sept. 20, 1953		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 9-17-53 , 19 53 , to Sept 20 , 1953, that I last saw the deceased alive on Sept. 20 , 19 53 , and that death occurred at 4AM m., from the causes and on the date stated above.			
23A. SIGNATURE H. J. Green		23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED 9-20-53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 9-24-53		24C. NAME OF CEMETERY OR CREMATORY Holy Cross	
24D. LOCATION (City, town, or county) (State) Baltimore		25. FUNERAL DIRECTOR James L. Lee		ADDRESS 30 E. Fort Ave	

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F-650

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8460

BIRTH NO. 8460

1. NAME OF DECEASED (Type or Print) NELLIE BAYLEY FORNEY			2. DATE OF DEATH 9-20-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Florida B. COUNTY V-08		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Union Memorial Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clermont		
c. Length of stay in Baltimore Abt. 3 mos. Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 432 5th Street		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Oct. 8, 1871	9. AGE (In years last birthday) 81	10 Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Baltimore City, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George M. Forney			14. MOTHER'S MAIDEN NAME Ellen K. Bayley		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT ADDRESS Balto., Md. Henry S. Shryock - 2 Beechdale Rd.		

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Arteriosclerotic Cardiovascular Disease (B) Calcified Mitral Stenosis (C) Hemohydrothorax, left (D) Atelectasis, left		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE Joseph A. Jashinski		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 9-21-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sept-22-1953		24C. NAME OF CEMETERY OR CREMATORY Greenmount Cemetery	
24D. LOCATION (City, town, or county) Baltimore, Maryland		24E. FUNERAL DIRECTOR ADDRESS Stewart & Mowen Company, 108 W. North Ave.			

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

City #1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0008 20

RECEIVED THE HONORABLE SECRETARY
CENTRAL INTELLIGENCE AGENCY

0008 20

one

7-630
53 8461

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8461

Registered No. _____

1. NAME OF DECEASED (Type or Print) <i>Evelyn Pratt</i>		2. DATE OF DEATH <i>Sept 20, 1953</i>	
3. PLACE OF DEATH: <i>Baltimore City, Maryland</i>		4. USUAL RESIDENCE (Where deceased lived. If institution - residence before admission) A. STATE <i>Nebraska</i> B. COUNTY <i>Calto.</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>The Mercy Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Omaha Reisterstown</i>	
6. Length of stay in Baltimore Yrs. <i>None</i> Mos. <i>None</i> Days <i>None</i>		D. STREET ADDRESS (If rural, give location) <i>3703 Coss St. Deer Park Rd., Rt. 2</i>	
7. SEX <i>Female</i>	8. COLOR OR RACE <i>white</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOWED</i>	10. DATE OF BIRTH <i>1-16-1888</i>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		12. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <i>George Fichette</i>		14. MOTHER'S MAIDEN NAME <i>unknown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	
17. INFORMANT <i>Evelyn Pratt</i>		ADDRESS <i>Above</i>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Electrolyte imbalance</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Diarrhea</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>	
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Atelectasis both lower lobes</i>		INTERVAL BETWEEN ONSET AND DEATH <i>indiginate</i>	
21. DATE OF OPERATION <i>Sept 14</i>		22. MAJOR FINDINGS OF OPERATION <i>Intestinal Obstruction</i>	
23. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		24. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <input type="checkbox"/>	
25. TIME (Month) (Day) (Year) (Hour) <i>None</i>		26. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
27. HOW DID INJURY OCCUR?		28. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
29. I hereby certify that I attended the deceased from <i>9-13</i> , 19 <i>53</i> to <i>9-20</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>9-20</i> , 19 <i>53</i> , and that death occurred at <i>6:30 P.m.</i> , from the causes and on the date stated above.		30. SIGNATURE <i>Corbett L. Quinn</i>	
31. ADDRESS <i>1115 St Paul St</i>		32. DATE SIGNED <i>9-20-1953</i>	
33. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		34. DATE <i>9/21/53</i>	
35. NAME OF CEMETERY OR CREMATORY <i>Forest Lawn Cem.</i>		36. LOCATION (City, town, or county) (State) <i>Omaha, Nebraska</i>	
37. DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 21 1953</i>		38. REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
39. FUNERAL DIRECTOR <i>Man of Dickens & Sons</i>		40. ADDRESS <i>Balto. 17, Md.</i>	

1943

UNITED STATES DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1943

1. Name of deceased

2. Sex

3. Age

4. Date of death

5. Place of death

6. Cause of death

7. Duration of illness

8. Name of physician

9. Name of hospital

10. Name of funeral home

11. Name of undertaker

12. Name of cemetery

13. Name of burial place

14. Name of interment place

15. Name of place of burial

16. Name of place of interment

17. Name of place of burial

18. Name of place of interment

19. Name of place of burial

20. Name of place of interment

21. Name of place of burial

22. Name of place of interment

23. Name of place of burial

24. Name of place of interment

53 8462
J-320BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 53 8462

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JUDGE, Herbert Le Roy

2. DATE
OF
DEATHSept. 20th 1953.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION Union Memorial Hospital4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY BaltimoreC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Towson 4 5355D. STREET ADDRESS (If rural, give location)
8375 Hillendale Road.

E. Length of stay in Baltimore

20 Yrs.

5. SEX M 6. COLOR OR RACE W 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Foreman10B. KIND OF BUSINESS OR INDUSTRY
HOTEL SUPPLY11. BIRTHPLACE (State or foreign country)
Lancaster, Pa.12. CITIZEN OF WHAT COUNTRY?
America

13. FATHER'S NAME

John L. Judge

14. MOTHER'S MAIDEN NAME

Lillian Peters.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)
Unknown16. SOCIAL SECURITY NO.
215-03-913117. INFORMANT ADDRESS
HOSPT. RECORDS.

18. 421.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congestive heart failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Aortic stenosis

DUE TO

(C)

known

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Bilateral pulmonary infarcts

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 19th, 1953, to Sept. 20th, 1953, that I last saw the deceased alive on Sept. 19th, 1953, and that death occurred at 2:23 a.m., from the causes and on the date stated above.

23A. SIGNATURE

H. M. Rowson

M. D.

23B. ADDRESS

Union Memorial Hospital.

23C. DATE SIGNED

Sept. 20th 1953

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

9-23-1953

24C. NAME OF CEMETERY OR CREMATORY

WOODLAWN

24D. LOCATION (City, town, or county)

WOODLAWN

(State)

MD.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

P.W. JENKINS & SONS Co. 4905 YORK RD.

H-525
53 8463BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8463
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lloyd B Henson

2. DATE
OF
DEATH

9-20-53

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

a. STATE

b. COUNTY

before admission)

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Franklin Square

Maryland

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

19-03

d. STREET ADDRESS (If rural, give location)

207 S. Parrish St.

c. Length of stay in Baltimore

1 life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

11/18/1903

9. AGE (In years

last birthday)

49

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

?

10b. KIND OF BUSINESS OR INDUSTRY

Unemployed

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Wilbert Henson

14. MOTHER'S MAIDEN NAME

Annie Ball

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs Eva H. Chambers

ADDRESS

703 21st St.

D.C.

18. 422.2

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute Peritonitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Myocardial Fibrils

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB. ☐ UTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23a. SIGNATURE

William V. Wright

23b. CHIEF MEDICAL EXAMINER.....

M.D. ASSISTANT MEDICAL EXAMINER.....

23c. DATE SIGNED

MEDICAL INVESTIGATOR..... 9-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

9-24-53

24c. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem.

24d. LOCATION (City, town, or county)

Balto. / Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

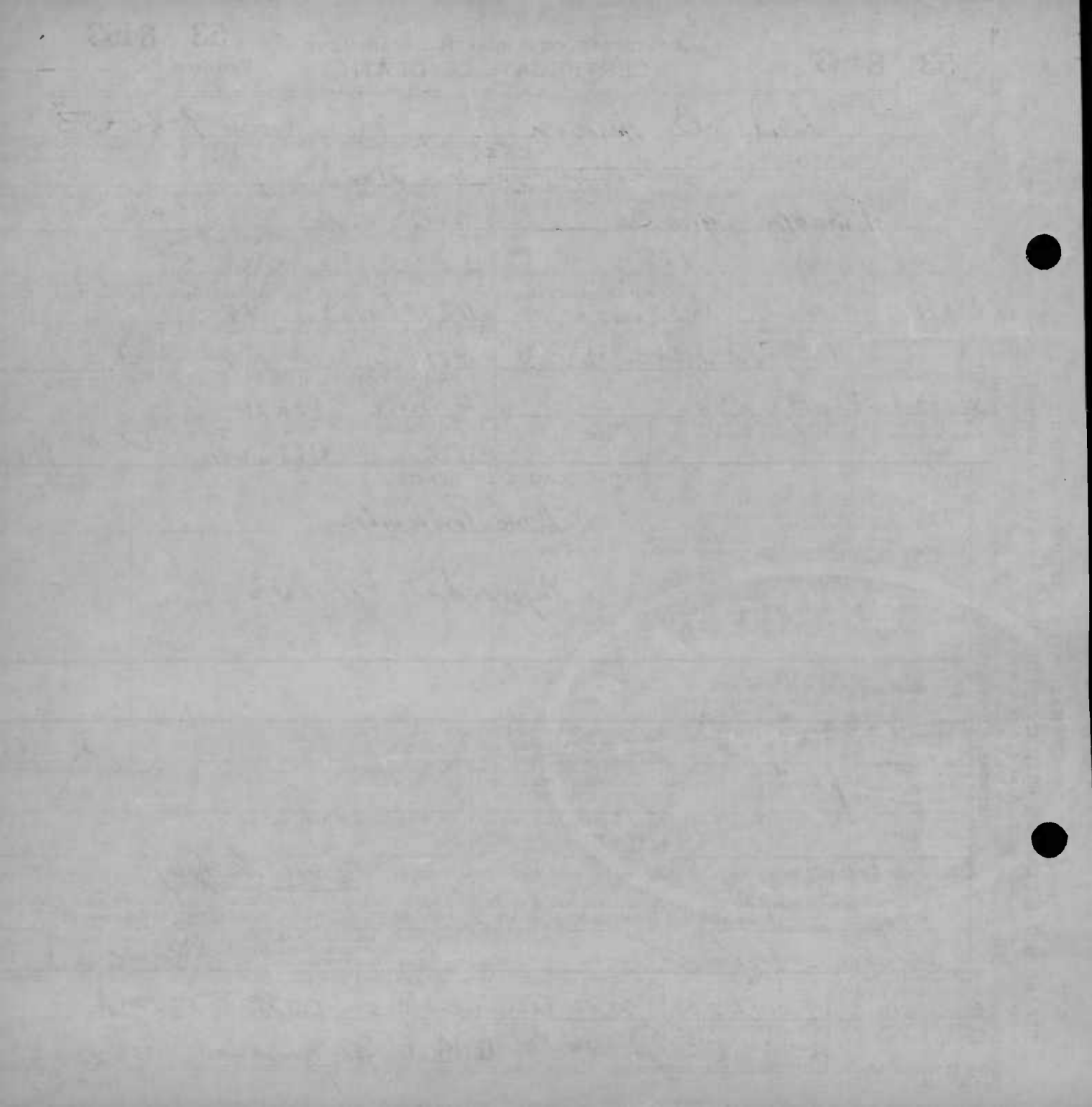
Huntington W. Williams, M.D.

25. FUNERAL DIRECTOR

Wm. G. Jackson

ADDRESS

916 Penna. ave.



5-150

8464

BALTIMORE CITY HEALTH DEPARTMENT

53 8464

CERTIFICATE OF DEATH

Registered No. _____

RTH NO. 53-20818		2. DATE OF DEATH Sept. 21, 1953	
NAME OF DECEASED (Type or Print) Terry L. Spain		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY	
PLACE OF DEATH: Baltimore City, Maryland		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) 1738 East North Ave		D. STREET ADDRESS (If rural, give location) 1738 East North Ave	
Length of stay in Baltimore Life	Yrs. Mos. Days		
SEX F.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 27, 1953
9. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Baltimore Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME William Spain		14. MOTHER'S MAIDEN NAME Gladys Mayo	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT Mr. & Mrs. William Spain		ADDRESS 1738 E. North Ave.	
18. 273X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH Staphylococcus	
ANTECEDENT CAUSES		INTERVAL BETWEEN ONSET AND DEATH 3?	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO	
		(B) DUE TO	
		(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 8/31/53, to 9/21/53, that I last saw the deceased alive on 9/16/53 and that death occurred at 5:30 A.M., from the causes and on the date stated above.			
23A. SIGNATURE [Signature]		23B. ADDRESS 1737 E. North Ave	
M. D.		23C. DATE SIGNED 9/21/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sept 24, 1953	
24C. NAME OF CEMETERY OR CREMATORY New Bern Cemetery		24D. LOCATION (City, town, or county) New Bern North Carolina	
25. FUNERAL DIRECTOR ADDRESS			
DATE RECEIVED BY LOCAL REGISTRAR SEP 21 1953		REGISTRAR'S SIGNATURE [Signature]	
25. FUNERAL DIRECTOR Henry Sander & Sons Inc.		ADDRESS Baltimore Maryland	
VS 150		George J. Sander	

8-15-64

GASTINER'S NEW HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE		4. RACE		5. BIRTH DATE		6. BIRTH PLACE		7. BIRTH COUNTRY		8. BIRTH STATE		9. BIRTH CITY		10. BIRTH COUNTY		11. BIRTH ZIP		12. BIRTH HOSPITAL		13. BIRTH DOCTOR		14. BIRTH NURSE		15. BIRTH ASSISTANT		16. BIRTH ATTENDING		17. BIRTH SPECIALIST		18. BIRTH SPECIALIST		19. BIRTH SPECIALIST		20. BIRTH SPECIALIST		21. BIRTH SPECIALIST		22. BIRTH SPECIALIST		23. BIRTH SPECIALIST		24. BIRTH SPECIALIST		25. BIRTH SPECIALIST		26. BIRTH SPECIALIST		27. BIRTH SPECIALIST		28. BIRTH SPECIALIST		29. BIRTH SPECIALIST		30. BIRTH SPECIALIST		31. BIRTH SPECIALIST		32. BIRTH SPECIALIST		33. BIRTH SPECIALIST		34. BIRTH SPECIALIST		35. BIRTH SPECIALIST		36. BIRTH SPECIALIST		37. BIRTH SPECIALIST		38. BIRTH SPECIALIST		39. BIRTH SPECIALIST		40. BIRTH SPECIALIST		41. BIRTH SPECIALIST		42. BIRTH SPECIALIST		43. BIRTH SPECIALIST		44. BIRTH SPECIALIST		45. BIRTH SPECIALIST		46. BIRTH SPECIALIST		47. BIRTH SPECIALIST		48. BIRTH SPECIALIST		49. BIRTH SPECIALIST		50. BIRTH SPECIALIST		51. BIRTH SPECIALIST		52. BIRTH SPECIALIST		53. BIRTH SPECIALIST		54. BIRTH SPECIALIST		55. BIRTH SPECIALIST		56. BIRTH SPECIALIST		57. BIRTH SPECIALIST		58. BIRTH SPECIALIST		59. BIRTH SPECIALIST		60. BIRTH SPECIALIST		61. BIRTH SPECIALIST		62. BIRTH SPECIALIST		63. BIRTH SPECIALIST		64. BIRTH SPECIALIST		65. BIRTH SPECIALIST		66. BIRTH SPECIALIST		67. BIRTH SPECIALIST		68. BIRTH SPECIALIST		69. BIRTH SPECIALIST		70. BIRTH SPECIALIST		71. BIRTH SPECIALIST		72. BIRTH SPECIALIST		73. BIRTH SPECIALIST		74. BIRTH SPECIALIST		75. BIRTH SPECIALIST		76. BIRTH SPECIALIST		77. BIRTH SPECIALIST		78. BIRTH SPECIALIST		79. BIRTH SPECIALIST		80. BIRTH SPECIALIST		81. BIRTH SPECIALIST		82. BIRTH SPECIALIST		83. BIRTH SPECIALIST		84. BIRTH SPECIALIST		85. BIRTH SPECIALIST		86. BIRTH SPECIALIST		87. BIRTH SPECIALIST		88. BIRTH SPECIALIST		89. BIRTH SPECIALIST		90. BIRTH SPECIALIST		91. BIRTH SPECIALIST		92. BIRTH SPECIALIST		93. BIRTH SPECIALIST		94. BIRTH SPECIALIST		95. BIRTH SPECIALIST		96. BIRTH SPECIALIST		97. BIRTH SPECIALIST		98. BIRTH SPECIALIST		99. BIRTH SPECIALIST		100. BIRTH SPECIALIST	
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H-125
53 8465BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8465
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Samuel Gordon Hopkins
Sam Hopkins2. DATE
OF
DEATH

9-19-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

St. Josephs Hospital

C. CITY OR TOWN

BALTIMORE

D. STREET ADDRESS (If rural, give location)

4508 POWELL ST.

c. Length of stay in Baltimore

Life

5. SEX

M

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

October 5, 1879

9. AGE (In years last birthday)

73

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Bookkeeper

10B. KIND OF BUSINESS OR INDUSTRY

Auctioneer

11. BIRTHPLACE (State or foreign country)

Baltimore County Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Montgomery Hopkins

14. MOTHER'S MAIDEN NAME

Mary Margaret Gordon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

NO

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

212-07-1326

17. INFORMANT

Mrs Anna H. Wellener (Sister)
4508 Powell Ave. Balto. 6. Md.18. 420.1
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Occlusion

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

Atherosclerotic Cardiovascular Disease

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

William V. [Signature]

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

9-20-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 23, 1953

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cemetery Baltimore Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Henry Sander & Sons Inc.

ADDRESS

Baltimore Maryland

V-5-151

3106U

Sander & Sons

IN SENATE

JANUARY 1, 1890

REPORT

OF THE

COMMISSIONERS

OF THE LAND OFFICE

IN RESPONSE TO A RESOLUTION

PASSED BY THE SENATE

APRIL 1, 1889

ALBANY:

WEDDING

AND COMPANY

PRINTERS

1890

NEW YORK

STATE OF NEW YORK

IN SENATE

JANUARY 1, 1890

REPORT

OF THE

COMMISSIONERS

OF THE LAND OFFICE

IN RESPONSE TO A RESOLUTION

PASSED BY THE SENATE

APRIL 1, 1889

ALBANY:

WEDDING

AND COMPANY

PRINTERS

1890

NEW YORK

STATE OF NEW YORK

IN SENATE

JANUARY 1, 1890

REPORT

OF THE

COMMISSIONERS

OF THE LAND OFFICE

IN RESPONSE TO A RESOLUTION

PASSED BY THE SENATE

APRIL 1, 1889

ALBANY:

WEDDING

AND COMPANY

PRINTERS

1890

NEW YORK

L-512

53 8466

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8466

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

IDA BELL LEIMBACH

2. DATE
OF
DEATH

September 19, 53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE

2708 Hugo Ave.

C. CITY OR TOWN (If outside corporate limits, give rural, and give township)

D. STREET ADDRESS (If rural, give location)

2708 Hugo Ave.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOW

8. DATE OF BIRTH

July 24, 1876

9. AGE (In years last birthday)

77

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William H. Moore

14. MOTHER'S MAIDEN NAME

Susan Waldo

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

NO

17. INFORMANT ADDRESS

MRS. MURIEL YINGLING
2708 Hugo Ave. Balto. 18.

18.

422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Arteriosclerotic Cardiovascular Disease

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1952, 19, to Sept. 19, 53, that I last saw the deceased alive on Sept. 3, 1953, and that death occurred at 2:10 P. m., from the causes and on the date stated above.

23A. SIGNATURE

J. M. Zimmerman M. D.

23B. ADDRESS

2050 Harford Rd.

23C. DATE SIGNED

Sept. 20, 53

24A. BURIAL CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

Sept. 22, 53

24C. NAME OF CEMETERY OR CREMATORY

LOUDON PARK CEMETERY

24D. LOCATION (City, town, or county)

BALTIMORE MARYLAND

DATE RECEIVED BY LOCAL REGISTRAR

SEP 21 1953

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

KENTY SANDER & SONS INC.

BALTIMORE MARYLAND

ADDRESS

Sept. Sander

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K-200

8467

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8467

1. NAME OF DECEASED (Type or Print) Baby Boy Kick		2. DATE OF DEATH 9-20-53	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 20-02	
5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) LUTHERAN HOSPITAL BALTIMORE 16, MD		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
7. LENGTH OF STAY IN BALTIMORE 4 Yrs. 4 Mos. 4 Days		8. STREET ADDRESS (If rural, give location) 2575 W. Fayette St. #23	
9. SEX Male	10. COLOR OR RACE WHITE	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	12. DATE OF BIRTH APRIL 23, 1953
13. A. USUAL OCCUPATION (Give kind of done during most of worklog life, even if retired)		14. B. KIND OF BUSINESS OR INDUSTRY	15. AGE (In years last birthday) 4 If Under 1 Year: Months: Days: Hours: Min.
16. FATHER'S NAME MILTON J. KICK		17. CITIZEN OF WHAT COUNTRY? U.S.A.	
18. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		19. SOCIAL SECURITY NO.	
20. MOTHER'S MAIDEN NAME		21. INFORMANT MILTON J. KICK ADDRESS 2575 W. Fayette St. #23	
22. CAUSE OF DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Meningitis A. DUE TO B. DUE TO C. DUE TO II. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Neurospasms, Congenital III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Neurospasms, Congenital			
23. DATE OF OPERATION May 14, 1953		24. MAJOR FINDINGS OF OPERATION Neurospasms, Congenital	
25. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		26. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	
27. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		28. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
29. TIME (Month) (Day) (Year) (Hour) OF INJURY		30. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
31. HOW DID INJURY OCCUR?		32. I hereby certify that I attended the deceased from July 3, 1953 , to Sept. 20, 1953 that I last saw the deceased alive on Sept. 20, 1953 and that death occurred at 11:59 a.m. , from the causes and on the date stated above.	
33. SIGNATURE James V. Long M. D.		34. ADDRESS Lutheran Hospital	
35. DATE SIGNED 9-20-53		36. NAME OF CEMETERY OR CREMATORY Cathedral	
37. DATE 9-21-53		38. LOCATION (City, town, or county) (State) city	
39. DATE RECEIVED BY LOCAL REGISTRAR SEP 21 1953		40. REGISTRAR'S SIGNATURE 5153-0-24078 4 6	
41. FUNERAL DIRECTOR Greenwood & Son		42. ADDRESS Greenwood & Son	

MAF-174757200
53 8468BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8468

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frank Wick

2. DATE
OF
DEATH Sept. 19, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Baltimore City Hospitals
4940 Eastern Ave.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2918 Chenoak Ave. zone 14

c. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

July 21, 1878

9. AGE (In years
last birthday)

75

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Machinist

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Herman Wick

14. MOTHER'S MAIDEN NAME

Catherine Kaufman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

220-12-6107

17. INFORMANT

ADDRESS

B. C. H. 4940 Eastern Ave. (records)

18. 550.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Perforated Appendix peritonitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Pulmonary Edema

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH. ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-19, 1953 to 9-19, 1953 that I last saw the
deceased alive on 9-19, 1953, and that death occurred at 3:30P. m., from the causes and on the date stated above

23A. SIGNATURE

H. J. Jones

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

9-19-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 22, 1953

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cem

24D. LOCATION (City, town, or county)

BALTO

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

L. J. Ruck

ADDRESS

5305 Harford

MEMORANDUM FOR THE DIRECTOR

DATE: 8-28-63

TO: SAC, NEW YORK

FROM: SAC, NEW YORK

SUBJECT: [Illegible]

RE: [Illegible]

DATE: 8-28-63

TO: SAC, NEW YORK

FROM: SAC, NEW YORK

SUBJECT: [Illegible]

RE: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 8469**

BIRTH NO. 53 8469		1. NAME OF DECEASED (Type or Print) Putens, Howard		2. DATE OF DEATH 9-19-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 42 Sinai Hosp of Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1707 N Register Ave.			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	B. DATE OF BIRTH 3-5-87		9. AGE (In years last birthday) 66
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blocker - Straw Hat - IND		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore Md	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME 2.		14. MOTHER'S MAIDEN NAME Elizabeth		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT MRS. MARY PUTENS - N. Register		ADDRESS 1707	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 331X		CAUSE OF DEATH (A) Cardiovascular accident DUE TO (B) history of coronary occlusions DUE TO (C) history of cerebrovasc. accident		INTERVAL BETWEEN ONSET AND DEATH	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept 18, 1953 , to Sept 19, 1953 , that I last saw the deceased alive on Sept 19, 1953 , and that death occurred at 5 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Robert W. Duland		23B. ADDRESS Sinai Hospital		23C. DATE SIGNED 9-19-53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sept 22-1953		24C. NAME OF CEMETERY OR CREMATORY Moreland Mem Park	
24D. LOCATION (City, town, or county) (State) BALTO Md		25. FUNERAL DIRECTOR Huntington Williams		ADDRESS 5305 Harford	
DATE RECEIVED BY LOCAL REGISTRAR SEP 21 1953		VS 150			

6904F

Centropomus

History of Columbus Academy
History of Columbus Academy

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Haase

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 8470

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Catharine M. Franz

2. DATE
OF
DEATH

Sept. 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

4403 La Salle Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4403 La Salle Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

April, 21, 1867

9. AGE (In years
last birthday)

86

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Co. Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Snyder

14. MOTHER'S MAIDEN NAME

Margaret Driscoll

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Gertrude King, 4403 La Salle

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Uremia

DUE TO

Enteric C.U.D.

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

Cerebral hypertrophic nerve

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949 to Sept 18, 1953, that I last saw the
deceased alive on Sept 18, 1953, and that death occurred at 9:10 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept 22, 1953

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 21 1953

Huntington 9/21/53

Leonard J. Ruck, 5305 Harford Road

1818 Norfolk

L-550
3 8471
BIRTH NO. 3-22927

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8471

1. NAME OF DECEASED (Type or Print) BABY GIRL LANAHAN			2. DATE OF DEATH 9-20-53		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE MD B. COUNTY		
5. FULL NAME OF (If not in hospital or institution, give street address or location) Bon Secours Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 18 9-03		
6. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 919 E 37 ST		
7. SEX FEMALE	8. COLOR OR RACE W.	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	10. DATE OF BIRTH 9-20-53	11. AGE (In years last birthday)	12. Under 1 Year Months: Days: Hours: Min. 05
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY		
11. FATHER'S NAME EDWARD CAMILLUS LANAHAN			12. MOTHER'S MAIDEN NAME CHARLOTTE MAIE PALAZEK		
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			14. SOCIAL SECURITY NO.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			16. INFORMANT ADDRESS		

18. 761.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) PREMATURITY			INTERVAL BETWEEN ONSET AND DEATH 5 minutes		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. PLACENTAL SEPARATION					
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
21A. DATE OF OPERATION		21B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-20 , 19 53 , to 9-20 , 19 53 , that I last saw the deceased alive on 9-20 , 19 53 , and that death occurred at 1:35 p. m., from the causes and on the date stated above.					
23A. SIGNATURE A. C. Knight		23B. ADDRESS BON SECOURS HOSP		23C. DATE SIGNED 9/20/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Sept. 21, 1953		24C. NAME OF CEMETERY OR CREMATORY New Cathedral	
24D. LOCATION (City, town, or county) (State) Baltimore Md.		25. REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR'S ADDRESS Leonard J. Luck, 5306 Naylor	

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 8472**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Dr. Thomas K. Galvin

2. DATE
OF
DEATH

Sept. 19, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland 5501 St. Albans Way

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)C. CITY OR TOWN
Baltimore

(If outside corporate limits, write FULL and give township)

c. Length of stay in Baltimore

Life Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

5501 St. Albans Way

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec 24, 1891

9. AGE (In years
last birthday)

61

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Surgeon

10B. KIND OF BUSINESS OR
INDUSTRY

Medical

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John T. Galvin

14. MOTHER'S MAIDEN NAME

Ella Keough

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Thomas K. Galvin 5501 St. Albans Way

18.

420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) *Coronary Occlusion*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-19, 1953 to 9-19, 1953, that I last saw the
deceased alive on 9-19, 1953, and that death occurred at 9 P.M., from the causes and on the date stated above

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

9/22/53

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Maryland.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 21 1953

VS 150

07585

SWB 60

SWB 60



D-500
3 8473

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8473

1. NAME OF DECEASED (Type or Print) Francis De Salle Dunn		2. DATE OF DEATH September 19, 1953	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 11-02	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR St. Joseph's Hospital INSTITUTION 1400 N. Caroline St.		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
7. Length of stay in Baltimore 4 Yrs XXX Mos. Days		8. STREET ADDRESS (If rural, give location) 19 E. Center St. #2	
9. SEX Male	10. COLOR OR RACE White	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	12. DATE OF BIRTH Mar. 4, 1869
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		14. AGE (In years last birthday) 84	
15. KIND OF BUSINESS OR INDUSTRY Restaurant Business		16. If Under 1 Year Months: Days Hours: Min. 84	
17. BIRTHPLACE (State or foreign country) Owego, N. Y.		18. CITIZEN OF WHAT COUNTRY? USA	
19. FATHER'S NAME Andrew J. Dunn		20. MOTHER'S MAIDEN NAME Annie J. Reding	
21. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		22. SOCIAL SECURITY NO.	
23. INFORMANT Mrs Francis D Dunn		24. ADDRESS 19 E. Centre Street	
25. CAUSE OF DEATH			
26. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CA of Prostate Gland			
27. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)			
28. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
29. DATE OF OPERATION		30. MAJOR FINDINGS OF OPERATION	
31. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		32. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
33. TIME (Month) (Day) (Year) (Hour) Sept. 19, 1953		34. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
35. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		36. HOW DID INJURY OCCUR?	
37. I hereby certify that I attended the deceased from August 22, 1953 to Sept. 19, 1953 that I last saw the deceased alive on Sept. 19, 1953 and that death occurred at 6:35 PM from the causes and on the date stated above.			
38. SIGNATURE [Signature]		39. ADDRESS 1400 N. Caroline St.	
40. BURIAL, CREMATION, REMOVAL (Specify) Burial		41. DATE 9/22/53	
42. NAME OF CEMETERY OR CREMATORY Cathedral		43. LOCATION (City, town, or county) (State) Baltimore, Maryland.	
44. DATE RECEIVED BY LOCAL REGISTRAR SEP 21 1953		45. REGISTRAR'S SIGNATURE [Signature]	
46. FUNERAL DIRECTOR [Signature]		47. ADDRESS 8057 Calvert St	

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 8474**
53 8474 53-23/58

1. NAME OF DECEASED (Type or Print) Baby Girl Ingram		2. DATE OF DEATH 9-21-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. Md. B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore C. CITY OR TOWN Catonsville D. STREET ADDRESS (If rural, give location) 209 Hilton Avenue	
c. Length of stay in Baltimore Yrs. Mos. Days		5. DATE OF BIRTH 9-20-53	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	9. AGE (In years last birthday) 1
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10B. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) Md.
13. FATHER'S NAME Wesley C. INGRAM		14. MOTHER'S MAIDEN NAME Isabelle Mitchell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Wesley C. Ingram		ADDRESS 209 Hilton Ave	
18. 761.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cerebral mnesia → resp. failure		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. prolapsed cord		DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-20 , 19 53 , to 9-21 , 19 53 that I last saw the deceased alive on 9-21 , 19 53 and that death occurred at 7:30 A. M., from the causes and on the date stated above.			
23A. SIGNATURE John O'Dumler		23B. ADDRESS St Agnes Hosp	
23C. DATE SIGNED 9-21-53		M. D.	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 9-22-53	
24C. NAME OF CEMETERY OR CREMATORY Landon Park		24D. LOCATION (City, town, or county) (State) Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR SEP 21 1953		REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR Harry H. Witzke		ADDRESS 4401 Edmondson Ave	

STATE OF TEXAS
COUNTY OF DALLAS

1938

Know all men by these presents, that _____ of the County of _____ State of _____ do hereby certify that _____ of the County of _____ State of _____ was born on _____ day of _____ 19____ at _____ Texas.

Witness my hand and seal of office this _____ day of _____ 19____.

Notary Public in and for the State of Texas.

My commission expires _____ day of _____ 19____.

Subscribed and sworn to before me this _____ day of _____ 19____.

Notary Public in and for the State of Texas.

My commission expires _____ day of _____ 19____.

Subscribed and sworn to before me this _____ day of _____ 19____.

Notary Public in and for the State of Texas.

My commission expires _____ day of _____ 19____.

Subscribed and sworn to before me this _____ day of _____ 19____.

Notary Public in and for the State of Texas.

My commission expires _____ day of _____ 19____.

Subscribed and sworn to before me this _____ day of _____ 19____.

Notary Public in and for the State of Texas.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 8475

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jesse Bradley Sr.

2. DATE
OF
DEATH

9-21-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

Dorchester

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

38 University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Cambridge

D. STREET ADDRESS (If rural, give location)

110 Boundary Ave.

C. Length of stay in Baltimore

10

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

7-4-69

9. AGE (In years,
last birthday)

84

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Retired

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Mary Soloway

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Insufficiency 1-2 minutes

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriosclerosis

DUE TO

Suprapubic prostatectomy

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

Suprapubic prostatectomy

19A. DATE OF OPERATION

9-11-53

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMED.

Prostatic enlargement

IF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-3-, 1953 to 9-21-, 1953, that I last saw the
deceased alive on 9-21-, 1953, and that death occurred at 11:15 a.m., from the causes and on the date stated above

23A. SIGNATURE

Lester C. Richmond, M.D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

9-21-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

9-23-53

24C. NAME OF CEMETERY OR CREMATORY

Lanham

24D. LOCATION (City, town, or county)

Lanham, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Howard J. Deane, 3502 Edmond

[Faint, illegible text, likely bleed-through from the reverse side of the page]

53 8476

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8476
Registered No.

RTH NO.

NAME OF DECEASED
(Type or Print)Mary
Albina HORAK2. DATE
OF
DEATH

9-19-53

PLACE OF DEATH:

Baltimore City, Maryland

BALTIMORE

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

A. STATE

B. COUNTY

before admission)

FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

DOCTORS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE 26-01

D. STREET ADDRESS (If rural, give location)

4220 Hamilton ave

Length of stay in Baltimore

Yrs.
Mos.
Days5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)8. DATE OF BIRTH 9. AGE (In years
last birthday) 10. UNDER 1 Year 11. UNDER 24 Hours

SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

10. UNDER 1 Year

11. UNDER 24 Hours

10A. USUAL OCCUPATION (Give kind of
done during most of working life, even if retired)

AT HOME

10B. KIND OF BUSINESS OR
INDUSTRY

Married

11. BIRTHPLACE (State or foreign country)

BALTIMORE

Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

John Doliuka

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(If yes, give war or dates of service)

yes, no or unknown)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS 4220

MR. Edw. WM. HORAK - HAMILTON

18. 420.0 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary occlusion

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerotic heart disease
and rheum. heart

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)
OF INJURY22E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3.15, 1953, to 9.19, 1953, that I last saw the
deceased alive on 9-18, 1953, and that death occurred at 3.30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Signature of Dr. J. H. Burnfield

M. D. 5305 Bayford Rd

9.21.53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Sept. 22-1953

Meadowridge Park

BALTO MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 21 1953

Leonard J. Rusk 5305 Bayford Rd

1978-80

UNITED STATES DEPARTMENT OF AGRICULTURE



53 8477

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8477
Registered No.

BIRTH NO.

NAME OF DECEASED

(Type or Print)

JOHN ATTAWAY

2. DATE
OF
DEATH

SEPT. 21, 1953

PLACE OF DEATH:

Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MARYLAND

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE 18 12-04

D. STREET ADDRESS (If rural, give location)

2227 ST. PAUL ST.

Length of stay in Baltimore

Yrs.
Mos.
Days

SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

MALE

WHITE

WIDOWER

2-8-77

76

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

UN-EMPLOYED

Retired.

11. BIRTHPLACE (State or foreign country)

GEORGIA

12. CITIZEN OF
WHAT COUNTRY?

U.S.

3. FATHER'S NAME

UNKNOWN

14. MOTHER'S MAIDEN NAME

UNKNOWN

5. WAS DECEASED EVER IN U. S. ARMED FORCES?
(a, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Johnnie Holland 2227 ST PAUL

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) ENCEPHALOPATHY

DUE TO

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) HYPERTENSIVE CARDIOVASCULAR
DISEASE 5 years

DUE TO

(C) ARTERIOCLEROSIS, GENERALIZED

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

BILATERAL PNEUMONIA

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 9-18, 1953, to 9-21, 1953, that I last saw the
deceased alive on 9-21, 1953, and that death occurred at 4:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

9-23.

Old Swansee

Burlford, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

H. 9-5-51

W. L. T. Cook 1217 ST Paul, N. J.

1708 84

RECEIVED THE SECRETARY OF THE ARMY
WASHINGTON, D. C.

1708 84



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CORA

Pruden

2. DATE
OF
DEATH

SEP 19 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland Osler - 3

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Md.
Balto.

6-05

D. STREET ADDRESS (If rural, give location)

243 Dallas Ct.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W.

8. DATE OF BIRTH

9-15-02

9. AGE (In years
last birthday)

31

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Emory

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

220-09-4948

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 526X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Bronchectasis

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

15 yr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

Obstructive pleuritis

1

20 yrs

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMEDIF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐
OR CONTRIBUTING ☐ CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-17-1953 to 9-19-1953 that I last saw the deceased alive on 9-19-1953 and that death occurred at 6:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Thomas R. Hendrix

M. O.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

9/19/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

9-23-53

24C. NAME OF CEMETERY OR CREMATORY

Waverly Va.

24D. LOCATION (City, town, or county)

Waverly Va.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

[Signature]

ADDRESS

Wm Cook Inc - 1217 St Paul St

100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MAF-173288 6

53 / 8479

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 53 8479

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH Sept. 19, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) Baltimore City Hospital 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore life		D. STREET ADDRESS (If rural, give location) 217 President St.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH April 17, 1885
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BOOKKEEPER		10B. KIND OF BUSINESS OR INDUSTRY DRUG. INDUSTRY	9. AGE (In years last birthday) 68
13. FATHER'S NAME Charles Anderson		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) UNKNOWN		12. CITIZEN OF WHAT COUNTRY? U. S.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Jersuha Spear	
17. INFORMANT B. C. H. 4940 Eastern Ave.		ADDRESS (records)	
18. 355X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Epilepsy DUE TO ANTECEDENT CAUSES Cerebral Atrophy DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Chronic Purulent Bronchitis			INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 7	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8-10 , 19 53 , to 9-19 , 19 53 that I last saw the deceased alive on 9-19 , 19 53 , and that death occurred at 3:30P m., from the causes and on the date stated above.			
23A. SIGNATURE H. J. Jones, M. D.		23B. ADDRESS 4940 Eastern Ave.	23C. DATE SIGNED 9-19-53
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Sept 22 1953	24C. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery	24D. LOCATION (City, town, or county) (State) Anne Arundel Co. Md.
DATE RECEIVED BY LOCAL REGISTRAR SEP 22 1953	REGISTRAR'S SIGNATURE H. J. Jones	25. FUNERAL DIRECTOR Long & Sons 4001 Ritchie Highway	

VS 150

310-47

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2-651

8480

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH53 8480
Registered No.

IRTH NO.

NAME OF DECEASED
(Type or Print)

Infant of Muzetta Crump

(643527)

2. DATE
OF
DEATH

September 5, 1953

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION The Johns Hopkins Hospital4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTY before admission)C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1532 West Lanvale Street - 17

Yrs. Mos. Days

Length of stay in Baltimore

Infant

SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

September 5, 1953

9. AGE (In years last birthday) H Under 1 Year Months Days H Under 24 Hours Min.

4

50

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Maryland12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Jasper Crump

14. MOTHER'S MAIDEN NAME

Muzetta Molly Robinson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
Hospital Records

ADDRESS

18. 762.5
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) Prematurity
DUE TO(B) Anoxia
DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from September 5th 1953 to September 5th 1953, that I last saw the deceased alive on September 5, 1953, and that death occurred at 6.50 Pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

The Johns Hopkins Hospital

9/10/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 22 1953

9 53 00 AM 8479

0913

PC

0913

ENCLOSURE

[Handwritten signature]

-520

8482

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8482

RTH NO.

NAME OF DECEASED
(Type or Print)

Celia Lyons

2. DATE OF DEATH 9-22-53

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)
Levindale4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 1537D. STREET ADDRESS (If rural, give location)
3303 Piedmont Ave

Length of stay in Baltimore 20 Mos. Days

SEX 6. COLOR OR RACE

Female white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widow

8. DATE OF BIRTH

9. AGE (In years last birthday) 72 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life. If retired)
Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTH PLACE (State or foreign country)
Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Not known

14. MOTHER'S MAIDEN NAME

Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)
No, no or unknown

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Ben Jacobs - Same

18. 157X

CAUSE OF DEATH

Carcinoma of the pancreas

INTERVAL BETWEEN ONSET AND DEATH

sev. months

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-15-1953, to 9-22-1953, that I last saw the deceased alive on 9-22-1953, and that death occurred at 5:10 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Gyoniondski

M. D.

23B. ADDRESS

Levindale Home

23C. DATE SIGNED

9-22-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9-22-53

24C. NAME OF CEMETERY OR CREMATORY

Kerrington Park

24D. LOCATION (City, town, or county) (State)

Balt, Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams

25. FUNERAL DIRECTOR

Jack Lewis Inc 2100 Canton Pl

ADDRESS

WILLIAM
DOUGLAS
BOND
CONGRESS
VALLEY

-252
8483

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8483

IRTH NO.

NAME OF DECEASED
(Type or Print)

Mr. Abraham Rosenstein

2. DATE
OF DEATH 9-21-53

PLACE OF DEATH:
Baltimore City, Maryland

FULL NAME OF
OSPITAL OR
INSTITUTION

Levendale

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Md B. COUNTY before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 13-04

D. STREET ADDRESS (If rural, give location)
2437 Leventown Road

Length of stay in Baltimore

56

Yrs.

Mon.

Days

SEX
Male

6. COLOR OR RACE
white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

9. AGE (in years
last birthday) 74

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
done during life of working life, even if retired)

retired

10B. KIND OF BUSINESS OR
INDUSTRY

oil Dealer

11. BIRTH PLACE (State or foreign country)
Poland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

not known

14. MOTHER'S MAIDEN NAME

not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

no, no or unknown

16. SOCIAL
SECURITY NO.

17. INFORMANT
Max Rosenstein - Same

ADDRESS

18. 332X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Thrombosis

1 week

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cerebral Arteriosclerosis

years

DUE TO

(C) General Arteriosclerosis

years

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from 5-9, 1950, to 9-21, 1950, that I last saw the
deceased alive on 9-21, 1950, and that death occurred at 5:02 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Jerome J. Blumberg M. D.

Levendale, Home

9-21-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

burial

9-22-53

Herring Run

Balto Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SEP 22 1953

Funerary Home

2100 Canton Pl

29066

8513 32

UNITED STATES DEPARTMENT OF JUSTICE

1953

IN RE: [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

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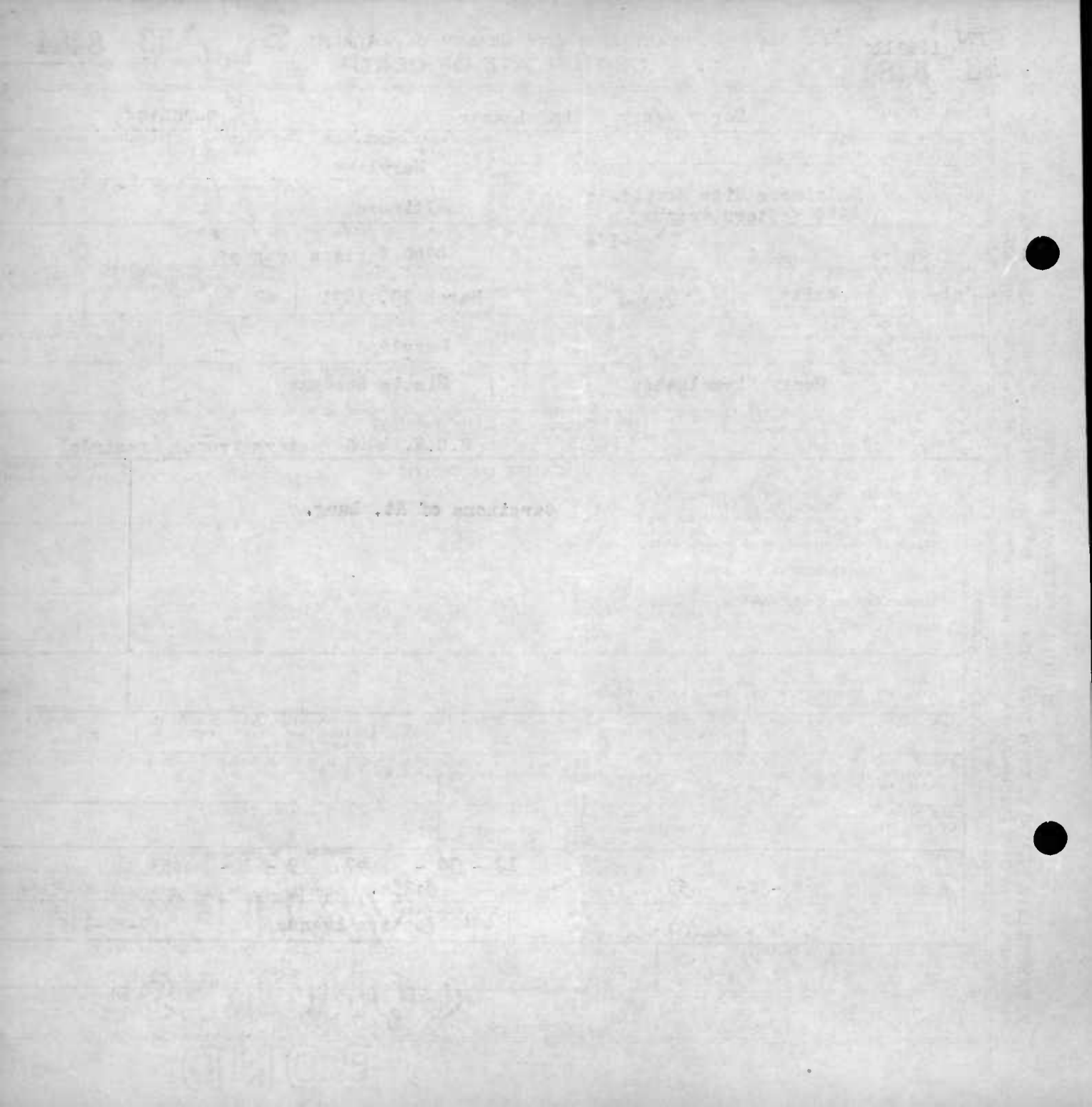
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FVJ 14-541
116211
53 8484
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8484

1. NAME OF DECEASED (Type or Print) Harry Henry Himmelheber		2. DATE OF DEATH 9-20-1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 4940 Eastern Avenue	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH March 23, 1891
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In years last birthday) 62 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
13. FATHER'S NAME Henry Himmelheber		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	
17. INFORMANT B.C.H. 4940 Eastern Avenue (records)		ADDRESS	
18. 163X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Rt. Lung. DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION 2		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from 12 - 30 - 1947 to 9 - 20 - 1953 , that I last saw the deceased alive on 9 - 20 - 1953 , and that death occurred at 8:25A. m. , from the causes and on the date stated above.		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
23A. SIGNATURE H. J. ...		23B. ADDRESS 4940 Eastern Avenue	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10/23/53	
24C. NAME OF CEMETERY OR CREMATORY Bachman's		24D. LOCATION (City, town, or county) (State) Baltimore	
DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR Philip Herwig Sons	
REGISTRAR'S SIGNATURE		ADDRESS 2024 Orleans St	



B

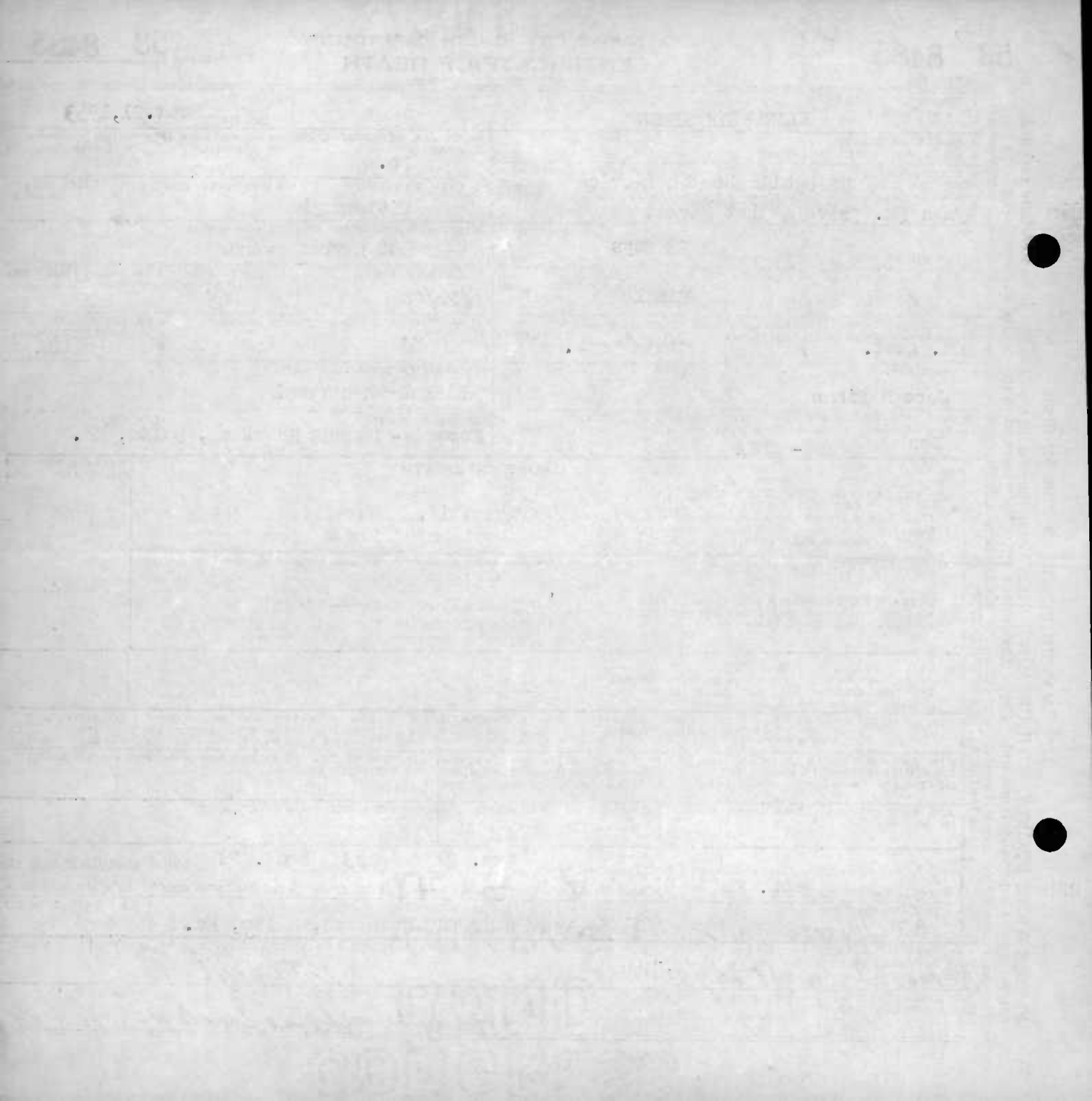
PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The

5

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8485

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		ELIZABETH SIMON		Sept. 21, 1953	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Pa. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION US Public Health Service Hospital Wyman Pk. Drive & 31st Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pittsburgh			
5. LENGTH OF STAY IN BALTIMORE 23 days		D. STREET ADDRESS (If rural, give location) 340 Meyran Avenue			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 4/24/08	9. AGE (In years last birthday) 45	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Adm. Asst.		10B. KIND OF BUSINESS OR INDUSTRY state Dept.		11. BIRTHPLACE (State or foreign country) NJ	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Joseph Simon		14. MOTHER'S MAIDEN NAME Elizabeth Strempl	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. WW2- USA		17. INFORMANT ADDRESS Records- US PHS Hospital, Balto, Md.	
18. 175x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH			
ANTECEDENT CAUSES		DUE TO (A) Peritonitis, generalized secondary to few days Perforation of ileum secondary to obstruction of small and large bowel			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO (B) Generalized carcinomatosis of abdominal organs secondary to 9 mon. Cystadenocarcinoma of left ovary 9 mon.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION Sept 9, 1953		19B. CONDITION FOR WHICH OPERATION WAS PERFORMED Perforation of ileum		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug. 29, 1953, to Sept. 21, 1953, that I last saw the deceased alive on Sept. 21, 1953, and that death occurred at 11 A.m., from the causes and on the date stated above.					
23A. SIGNATURE DeArmond Moore M. D.		23B. ADDRESS US PHS Hospital, Balto, Md.		23C. DATE SIGNED 9/21/53	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE Sept 22/53		24C. NAME OF CEMETERY OR CREMATORY Pittsburgh Pa.	
24D. LOCATION (City, town, or county) (State) Pittsburgh Pa.		25. FUNERAL DIRECTOR Henry H. Siskin & Sons 4905 York Rd.		26. ADDRESS 4905 York Rd.	



A-450
53 8486BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8486

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BESSIE GUILFORD ALLEN

2. DATE
OF
DEATH19
SEPT. 28, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

6000 READY AVE

C. CITY OR TOWN

BALTO.

(If outside corporate limits, write full RAIL and give township)

D. STREET ADDRESS (If rural, give location)

906 E. 36TH ST.

c. Length of stay in Baltimore

20 YRS

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

MAY 4, 1888

9. AGE (in years,
last birthday)

65

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

OWN HOME

11. BIRTHPLACE (State or foreign country)

N.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

ANTHONY PRAIRIE

14. MOTHER'S MAIDEN NAME

CARRIE KLUGE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

MR. W. W. ALLEN

ADDRESS

ABOVE

18. 154X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

(A) General Carcinomatosis
5 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Carcinoma of Rectum
5 mo.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Apr 17, 1953

19B. CONDITION FOR WHICH OPERATION
WAS PERFORMED

Rectal Carcinoma

IF OPERATION WAS RELATED TO
CAUSE OF DEATH, ENTER IN
PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF
DEATH (NOTIFY MEDICAL EXAMINER)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 1953 to Sept 29, 1953 that I last saw the
deceased alive Sept 28, 1953 and that death occurred at 1230 P.M. from the causes and on the date stated above.

23A. SIGNATURE

A. P. Von Schunberg

M. D.

23B. ADDRESS

4818 Edmondson ave

23C. DATE SIGNED

9/21/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

9-22-1953

24C. NAME OF CEMETERY OR CREMATORY

MORELAND MEMORIAL

24D. LOCATION (City, town, or county)

BALTO. CO

(State)

MD

DATE RECEIVED BY
LOCAL REGISTRAR

SEP 22 1953

REGISTRAR'S SIGNATURE

H. J. Jenkins

25. FUNERAL DIRECTOR

R. W. JENKINS & SONS CO. 4905 YORK RD

ADDRESS

THE UNIVERSITY OF CHICAGO

DEPARTMENT OF CHEMISTRY

PHYSICAL CHEMISTRY

BY

JOHN H. VAN VLECK

AND

WILLIAM A. KATZ

CHICAGO, ILLINOIS

1951

THE UNIVERSITY OF CHICAGO PRESS

CHICAGO, ILLINOIS

CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

53 8487

DECEASED

ERROL Pritchett

2. DATE OF DEATH

9-21-1953

3. PLACE OF DEATH: City, Maryland

4. ME OF (If not in hospital or institution, give street address or location)

St. Agnes Hospital

5. of in Baltimore

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. OCCUPATION (Give kind of most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

Farmer

9. R'S NAME

Liam Pritchett

12. CEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

214-30-8196

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Dorchester

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Cambridge

D. STREET ADDRESS (If rural, give location)

Near Cambridge

8. DATE OF BIRTH

Sept. 30, 1894

9. AGE (In years last birthday)

58 39 YRS

11 Under 1 Year Months Days

11 Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

Dorchester Co., Md.

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Sarah Elizabeth Jones

17. INFORMANT

ADDRESS

CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) *Hepatic Cirrhosis*

DUE TO

ANTECEDENT CAUSES

II. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

1951-

Sept. 21, 1953

III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

DATE OF OPERATION

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☐

ACCIDENT WAS UNDERLYING ☐ CONTRIBUTING ☐ CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

TIME (Month) (Day) (Year) (Hour) (Minute)

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

I hereby certify that I attended the deceased from *July 1, 1953* to *Sept. 21, 1953*, that I last saw the deceased alive on *9/21/53* 19, and that death occurred at *11:00* p.m., from the causes and on the date stated above.

SIGNATURE *Martin Middleton*

23b. ADDRESS

M. D.

St. Agnes Hospital

23c. DATE SIGNED

9/21/53

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

RECEIVED BY REGISTRAR

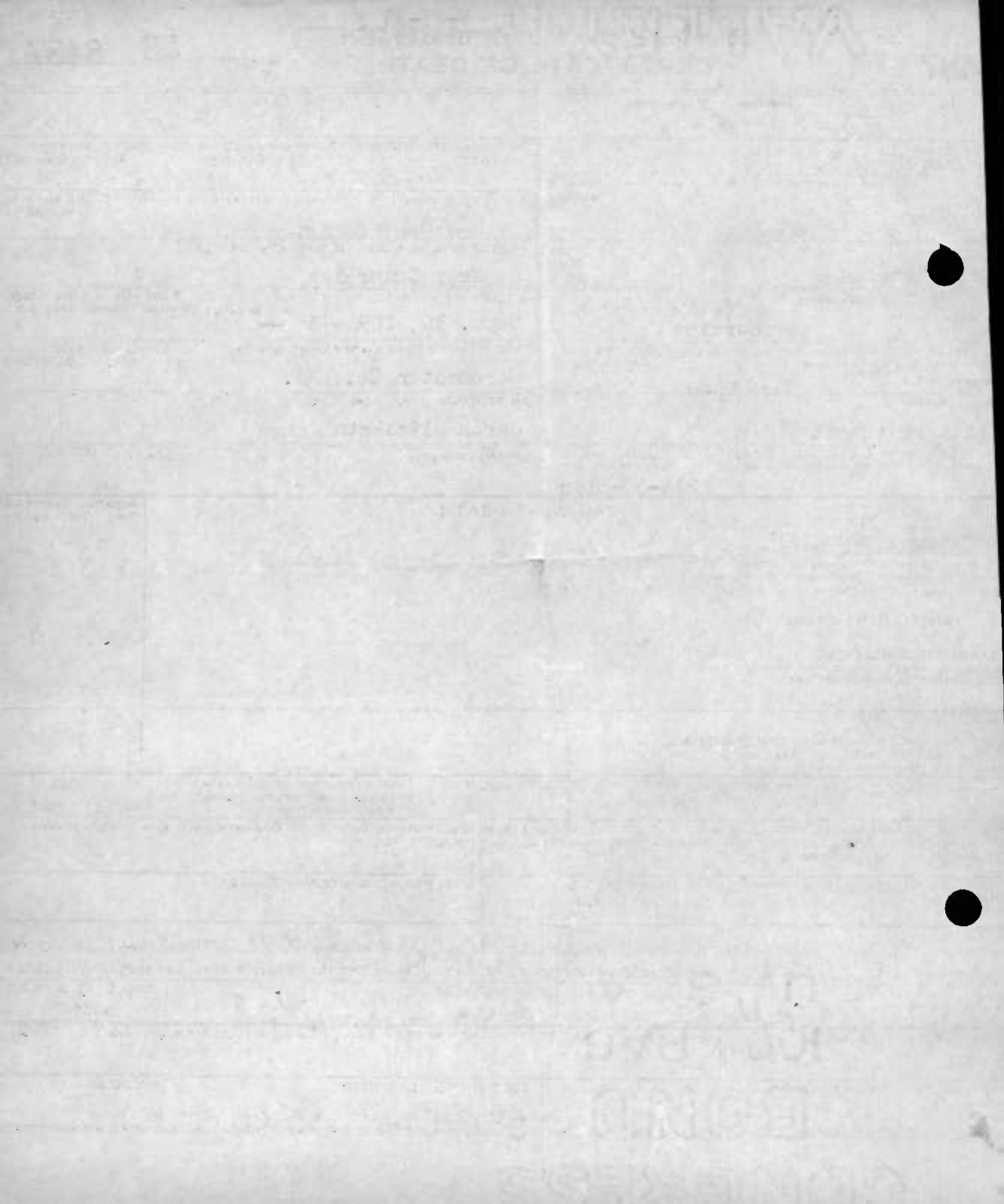
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

KEVIN THOMAS CAMBRIDGE, MD.

10010



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **53 8488**

53 8488
BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

David K. Lovett

2. DATE
OF
DEATH

Sept. 20, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Acc Room*

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE *JOHNS HOPKINS HOSPITAL*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 5-02

C. Length of stay in Baltimore

33 yrs.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

212 Colum St.

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

7-4-1910

9. AGE (In years last birthday)

43

If Under 1 Year Months: Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

mixer

10B. KIND OF BUSINESS OR INDUSTRY

wholesale Chemical Co.

11. BIRTHPLACE (State or foreign country)

Boyce Clark Co. Va.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Archie Lovett

14. MOTHER'S MAIDEN NAME

Winnie Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

212-14-0714

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. *353.3*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *IDIOPATHIC EPILEPSY*

MANY YEARS.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CERTIFICATION APPROVED BY

Joseph P. Jachimezyk
M.D.
CHIEF OR ASST. MEDICAL EXAMINER.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *9/20*, 19*53*, to *9/20*, 19*53*, that I last saw the deceased alive on *9/20*, 19*53*, and that death occurred at *9:56 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE

R. W. Owens, Jr.

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

9/21/53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

9-23-1953

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cemetery

24D. LOCATION (City, town, or county) (State)

Anne Arundel Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thompson

25. FUNERAL DIRECTOR

Randolph J. Collick 1412 E. Preston St.

ADDRESS

Released to hospital 69061

[Faint, mostly illegible text follows, appearing to be a form or document with multiple sections and lines of text.]

F-524 Med. Exam Case **BALTIMORE CITY HEALTH DEPARTMENT** **CERTIFICATE OF DEATH** **Registered No. 8489** **SEP 21 1953**

1. NAME OF DECEASED (Type or Print) *Mildred FANSLAN*

2. DATE OF DEATH *SEP 21 1953*

3. PLACE OF DEATH:
A. Baltimore City, Maryland *S.O.R.*
B. FULL NAME OF (If not in hospital or institution, give street address or location) *JOHNS HOPKINS HOSPITAL*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *Md.* **B. COUNTY** *Baltimore*
C. CITY OR TOWN (If outside corporate limits, write R.U.T.A. and give township) *Baltimore*
D. STREET ADDRESS (If rural, give location) *6226 BROWN AVE.*

5. SEX *Female* **6. COLOR OR RACE** *white* **7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)** *S.*

8. DATE OF BIRTH *2-2-24* **9. AGE (In years last birthday)** *29*

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Post Clerk SS* **10B. KIND OF BUSINESS OR INDUSTRY** *Government*

11. BIRTHPLACE (State or foreign country) *Baltimore* **12. CITIZEN OF WHAT COUNTRY?** *USA*

13. FATHER'S NAME *John L. Fanslan* **14. MOTHER'S MAIDEN NAME** *Rose Betz*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) *No* **16. SOCIAL SECURITY NO.** *JOHNS HOPKINS HOSPITAL*

17. INFORMANT ADDRESS *JOHNS HOPKINS HOSPITAL*

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)
(A) *Aorta spontaneous dissection + rupture of*
DUE TO *Constipation of aorta*

INTERVAL BETWEEN ONSET AND DEATH *12 hrs.*

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) *Constipation of aorta*
DUE TO *Constipation of aorta*

INTERVAL BETWEEN ONSET AND DEATH *29 yrs.*

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *9/20/53* **19B. CONDITION FOR WHICH OPERATION WAS PERFORMED** *as above* **IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II**

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) ☐ **21B. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)** *as above* **21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?**

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY *m.* **21E. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ **21F. HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 9-20-1953 to 9-21-1953 that I last saw the deceased alive on 9-21-1953 and that death occurred at 1 A.m., from the causes and on the date stated above.

23A. SIGNATURE *James C. Darrell Jr.* **23B. ADDRESS** *JOHNS HOPKINS HOSPITAL* **23C. DATE SIGNED** *9/21/53*

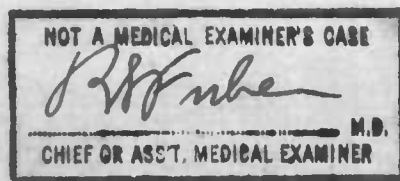
24A. BURIAL, CREMATION, REMOVAL (Specify) *Sept 24-1953* **24B. DATE** *Sept 24-1953* **24C. NAME OF CEMETERY OR CREMATORY** *Oak Lawn* **24D. LOCATION (City, town, or county) (State)** *Baltimore Md.*

DATE RECEIVED BY LOCAL REGISTRAR *SEP 22 1953* **REGISTRAR'S SIGNATURE** *Wm. G. Grogan* **25. FUNERAL DIRECTOR ADDRESS** *1217 St Paul St*

VS 150

Released to hospital to be appr.
39091

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



3-654
3 8490

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8490
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Charles Carmichael</i>		2. DATE OF DEATH <i>Sept 20 '53</i>	
3. PLACE OF DEATH: Baltimore City, Maryland <i>Baltimore</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Maryland General Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>9-03</i>	
6. Length of stay in Baltimore <i>life</i>		D. STREET ADDRESS (If rural, give location) <i>905 East 37th Street # 18</i>	
7. SEX <i>male</i>	8. COLOR OR RACE <i>white</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	10. DATE OF BIRTH <i>June 1, 1885</i>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Ret. accountant</i>		12. KIND OF BUSINESS OR INDUSTRY <i>Pa Hotel Owner</i>	
13. FATHER'S NAME <i>Muscer Russell</i>		14. MOTHER'S MAIDEN NAME <i>Annie Tull</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Ethel Lee</i>		ADDRESS <i>same</i>	
18. <i>153X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH <i>Extensive pulmonary & skeletal malignancy metastasis</i> DUE TO <i>Possible carcinoma of colon</i> INTERVAL BETWEEN ONSET AND DEATH <i>10 months</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
22. TIME (Month) (Day) (Year) (Hour) INJURY		22E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Sept 6 '53</i> , 19 <i>53</i> to <i>Sept 20</i> , 19 <i>53</i> that I last saw the deceased alive on <i>Sept 20</i> , 19 <i>53</i> and that death occurred at <i>8:45 p.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Mary W. Chang</i>		23B. ADDRESS <i>Maryland General Hospital</i>	
23C. DATE SIGNED <i>Sept 20 '53</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>Sept 23, 1953</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>London Park</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>SEP 22 1953</i>		REGISTRAR'S SIGNATURE <i>Wm Cook Inc</i>	
25. FUNERAL DIRECTOR <i>Wm Cook Inc</i>		ADDRESS <i>1217 St Paul St</i>	

MEDICAL CERTIFICATION

0005F

[Faint, illegible handwriting throughout the page]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 8491**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FREDERICK

E.

REDELIUS

2. DATE
OF
DEATH

9-20-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTION location)

South Baltimore General Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2410 Dorton Court

c. Length of stay in Baltimore

5. SEX
male6. COLOR OR RACE
white7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Apr 8-1898

9. AGE (in years
last birthday)

55

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

chauffeur

10B. KIND OF BUSINESS OR
INDUSTRY

Paper

13. FATHER'S NAME

Edward Redelius

14. MOTHER'S MAIDEN NAME

Theresa Hydon

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Elaire Redelius 2410 Dorton Court

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Artery Disease

~~X10000~~

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Old Myocardial Infarcts

~~X10000~~

(C) Fatty Metamorphosis of the Liver

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Joseph A. Jackson

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

9-21-53

24A. FUNERAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Sept 24-1953

24C. NAME OF CEMETERY OR CREMATORY

Meadowridge

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

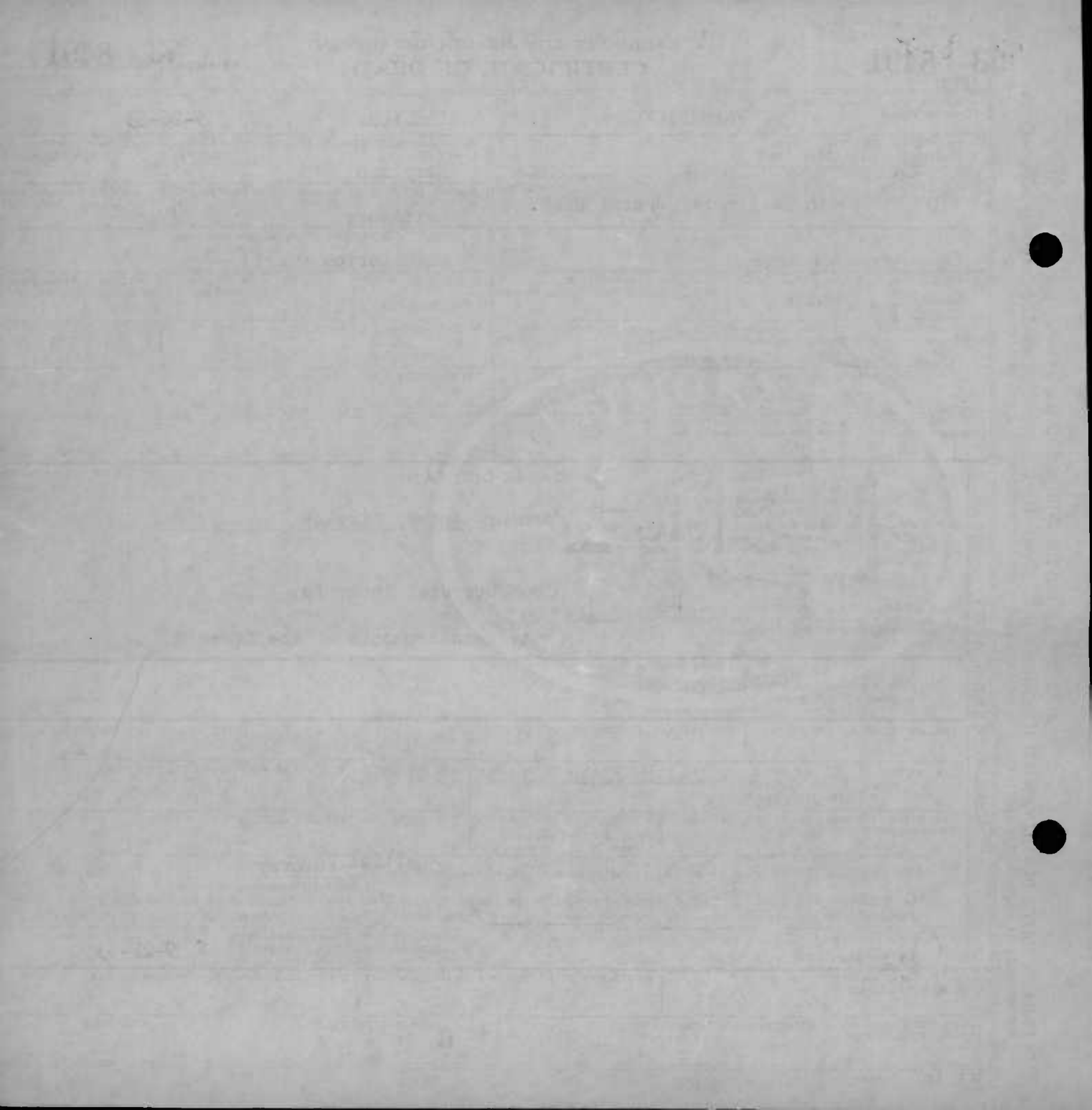
REGISTRAR'S SIGNATURE

Theresa Hydon

25. FUNERAL DIRECTOR

ADDRESS

Wm Cook Inc 1217 St Paul



58 W-300
8492BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8492

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DAVID WOOD

2. DATE
OF
DEATH

September 18, 1953

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2452 Greenmount Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Aug 16 - 1876

9. AGE (in years
last birthday)

27

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Supt (Retd)

10B. KIND OF BUSINESS OR
INDUSTRY

Building

11. BIRTHPLACE (State or foreign country)

Seacombe England

12. CITIZEN OF
WHAT COUNTRY?

USA - 1939

13. FATHER'S NAME

Henry Wood

14. MOTHER'S MAIDEN NAME

Capt Elizabeth M Wood - Fort Lawton

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Capt Elizabeth M Wood - Fort Lawton

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic coronary artery disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Joseph A. Jachimczyk

M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒

23C. DATE SIGNED

Sept. 18, 1953

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

24B. DATE

Sept. 23 1953

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Bm 4 Wood Ave - 1217 St Paul

DEATH CERTIFICATE

1. Name of deceased

2. Sex

3. Age

4. Date of death

5. Place of death

6. Cause of death

7. Signature of physician

8. Signature of registrar

9. Signature of informant

10. Signature of witness

11. Signature of funeral director

12. Signature of undertaker

13. Signature of cemetery

14. Signature of church

15. Signature of family

16. Signature of neighbors

17. Signature of friends

18. Signature of community

19. Signature of society

20. Signature of church

53 B-460
8493BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8493

BIRTH NO.		1. NAME OF DECEASED (Type or Print) SELMA		2. DATE OF DEATH 9-20-53	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		9-00	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 3405 Tivoly Avenue			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Sept 22 - 1912	9. AGE (in years last birthday) 40	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Nest Virginia	
13. FATHER'S NAME C. Edwin Shearman		14. MOTHER'S MAIDEN NAME Mildred Smith		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Carl H. Blair - 3504 Tivoly Ave	
15. ADDRESS		16. ADDRESS		17. ADDRESS	

18. **443X and 649X**DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) **Hypertensive cardiovascular disease**~~XXXXX~~(b) **Chronic passive hyperemia of lungs**

C

(c) **Pulmonary Edema**~~XXXXX~~(d) **Pregnancy, undelivered stillborn**

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Joseph A. Jackson		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR		23C. DATE SIGNED 9-21-53	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE Sept 23 1953		24C. NAME OF CEMETERY OR CREMATORY Parkwood	
24D. LOCATION (City, town, or county) (State) Baltimore		24E. FUNERAL DIRECTOR Wm. Cook Inc - 1217 St Paul St		24F. ADDRESS	

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8494

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8494

Registered No.

1. NAME OF DECEASED (Type or Print) Theodora Ellen Burton			2. DATE OF DEATH Sept. 21, 53		
3. PLACE OF DEATH: Baltimore City, Maryland 133 W. Lanvale St.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
6. Length of stay in Baltimore 49 Years			D. STREET ADDRESS (If rural, give location) 133 West Lanvale Street		
7. SEX Female	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	10. DATE OF BIRTH July 8, 1880		11. AGE (In years last birthday) 62
12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saleslady			13. KIND OF BUSINESS OR INDUSTRY Bonwitt & Lennon		14. BIRTHPLACE (State or foreign country) Elkridge Md.
15. FATHER'S NAME Theodore Burton			16. MOTHER'S MAIDEN NAME Daisy E. Burton		
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No			18. SOCIAL SECURITY NO. 212-12-2278		
19. CAUSE OF DEATH 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) Coronary Artery Dis. & auricular fibrillation & Heart Failure (B) (C)			20. INTERVAL BETWEEN ONSET AND DEATH 4/20		
21. OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.					
22. DATE OF OPERATION 9-21-53		23. MAJOR FINDINGS OF OPERATION			24. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
25. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		26. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		27. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
28. TIME (Month) (Day) (Year) (Hour) INJURY		29. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		30. HOW DID INJURY OCCUR?	
31. I hereby certify that I attended the deceased from Jan 1949 to May 15, 1953 that I last saw the deceased alive on May 15, 1953 and that death occurred at 1 P. m. , from the causes and on the date stated above.					
32. SIGNATURE Julius M. Waghelaster M. D.		33. ADDRESS 803 Cathedral St		34. DATE SIGNED 9-21-53	
35. BURIAL, CREMA- TION, REMOVAL (Specify) Burial		36. DATE Sept. 24, 1953		37. NAME OF CEMETERY OR CREMATORY Mount Olivet	
38. DATE RECEIVED BY LOCAL REGISTRAR Sept 24 1953		39. REGISTRAR'S SIGNATURE Hunting 503		40. FUNERAL DIRECTOR Edgeworth Armacos ADDRESS 4600 Liberty Heights Avenue	

CERTIFICATE OF DEATH

STATE OF NEW YORK

County of _____

City of _____

Town of _____

Ward of _____

Block of _____

Lot of _____

Section of _____

Subdivision of _____

Tract of _____

Part of _____

Other _____

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **53 8495**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Nettie White

2. DATE OF DEATH **September 20, 1953**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3614 Roland Avenue

C. CITY OR TOWN (If outside corporate limits, give rural and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3614 Roland Avenue

c. Length of stay in Baltimore

65 years

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widow

8. DATE OF BIRTH

June 12, 1878

9. AGE (In years last birthday)

75

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?
U S A

13. FATHER'S NAME

John T. Agner

14. MOTHER'S MAIDEN NAME

Susan R. Himes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Miss Nettie White

ADDRESS

3614 Roland Avenue

18. 581.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) 230PH AGEAL HEMORRHAQE

12 hours

DUE TO

ANTECEDENT CAUSES

(B) CIRRHOSIS of LIVER

4 months

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONOITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE 2, 1953, to SEPT. 20, 1953, that I last saw the deceased alive on SEPT. 20, 1953, and that death occurred at 11 P.m., from the causes and on the date stated above

23A. SIGNATURE

Arthur J. Danes

M. O.

23B. ADDRESS

800 W 33rd St.

23C. DATE SIGNED

9-21-53

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 23, 1953

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikesville, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurman J. Himes

25. FUNERAL DIRECTOR

Burgee Funeral Home

ADDRESS

3631 Falls Road

Norace F. Burgee

1. The first part of the document is a list of names and addresses. The names are: John Doe, Jane Smith, and Bob Johnson. The addresses are: 123 Main St, New York, NY 10001; 456 Elm St, New York, NY 10002; and 789 Oak St, New York, NY 10003.

2. The second part of the document is a list of dates and times. The dates are: 1/1/2020, 2/1/2020, and 3/1/2020. The times are: 10:00 AM, 2:00 PM, and 5:00 PM.

3. The third part of the document is a list of items and quantities. The items are: Apples, Bananas, and Oranges. The quantities are: 10, 20, and 30.

4. The fourth part of the document is a list of prices and totals. The prices are: \$1.00, \$2.00, and \$3.00. The totals are: \$10.00, \$20.00, and \$30.00.

5. The fifth part of the document is a list of names and addresses. The names are: John Doe, Jane Smith, and Bob Johnson. The addresses are: 123 Main St, New York, NY 10001; 456 Elm St, New York, NY 10002; and 789 Oak St, New York, NY 10003.

6. The sixth part of the document is a list of dates and times. The dates are: 1/1/2020, 2/1/2020, and 3/1/2020. The times are: 10:00 AM, 2:00 PM, and 5:00 PM.

7. The seventh part of the document is a list of items and quantities. The items are: Apples, Bananas, and Oranges. The quantities are: 10, 20, and 30.

8. The eighth part of the document is a list of prices and totals. The prices are: \$1.00, \$2.00, and \$3.00. The totals are: \$10.00, \$20.00, and \$30.00.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **53 8496**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LAURA

MAY

PARKER

2. DATE
OF
DEATH

9-20-53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

C. Length of stay in Baltimore

14

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2202 E. Pratt Street

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 7, 1953

9. AGE (in years
last birthday)

25

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

Charolettesville, Va.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Harvey Lee Harlow

14. MOTHER'S MAIDEN NAME

Lottie Atkins

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.17. INFORMANT Mr. Harvey Lee Harlow
2202 E. Pratt Street

18. E970.2

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Barbiturate Intoxication

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

Pulmonary Edema

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

2202 E. Pratt Street

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

9-19-53 7:30 P.

21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK AT WORK

m.

☐ ☒

21F. HOW DID INJURY OCCUR?

ingested overdose of barbiturate

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

Joseph A. Jochims

M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

9-21-53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Sept. 24, 1953

24C. NAME OF CEMETERY OR CREMATORY

Riverview Cemtery

24D. LOCATION (City, town, or county)

Charolettesville, Va.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

S. SANDER & SONS, INC.

ADDRESS

Baltimore, Md.

2018

8

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

2018

1

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7-165

3 8497

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8497

Registered No. _____

1. NAME OF DECEASED (Type or Print) Lilliae G. O'Brien		2. DATE OF DEATH Sept. 20, 1953	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) 521 N. Loudon Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. LENGTH OF STAY IN BALTIMORE Life		D. STREET ADDRESS (If rural, give location) 521 N. Loudon Ave.	
7. SEX F	8. COLOR OR RACE W	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	10. DATE OF BIRTH 12/9/1885
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Alteration Dept.		12. KIND OF BUSINESS OR INDUSTRY Hutzler, Retired	
13. FATHER'S NAME John F. O'Brien		14. MOTHER'S MAIDEN NAME Grace Hamilton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 215.09.2512	
17. INFORMANT Lee J. Henn		18. ADDRESS 636 North Bend Road.	
19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocarditis		20. INTERVAL BETWEEN ONSET AND DEATH Sept 11/53	
21. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. arterio sclerosis			
22. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
23. DATE OF OPERATION 0		24. MAJOR FINDINGS OF OPERATION	
25. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
26. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		27. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
28. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
29. TIME (Month) (Day) (Year) (Hour) INJURY		30. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
31. HOW DID INJURY OCCUR?			
32. I hereby certify that I attended the deceased from Sept 1 , 19 53 to 9/20 , 19 53 , that I last saw the deceased alive on 9/20 , 19 53 , and that death occurred at 10 A.m. , from the causes and on the date stated above.			
33. SIGNATURE D. P. Palagia		34. ADDRESS 3326 Ferdinand	
35. DATE Sept. 23, 1953		36. LOCATION (City, town, or county) (State) Baltimore Md.	
37. NAME OF CEMETERY OR CREMATORY New Cathedral		38. FUNERAL DIRECTOR ADDRESS John T. Stangbury 2700 Edmondson Ave.	
39. DATE RECEIVED BY LOCAL REGISTRAR SEP 22 1953		40. REGISTRAR'S SIGNATURE	

MEDICAL CERTIFICATION

6906C

8121

33

BALTIMORE HEALTH DEPARTMENT
CERTIFICATE OF DEATH

8-107

DATE OF DEATH

DATE OF DEATH

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DECEASED

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C-160
3 8498
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 53 8498

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Herbert M. Cooper		Sept. 19, 1953	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
FULL NAME OF (If not in hospital or institution, give street address or location) 524 Wilson Street		A. STATE Maryland B. COUNTY	
5. Length of stay in Baltimore 47 yrs.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 14-02	
6. SEX Male		D. STREET ADDRESS (If rural, give location) 524 Wilson Street	
7. COLOR OR RACE Negro		8. DATE OF BIRTH July 2, 1896	
9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		9. AGE (in years last birthday) 57	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		11. BIRTHPLACE (State or foreign country) Chase, Maryland	
10B. KIND OF BUSINESS OR INDUSTRY American Smelting & Refinery Co.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Charles Cooper		14. MOTHER'S MAIDEN NAME Laura Brown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. 213-10-1525	
17. INFORMANT Gussie Bower Cooper		ADDRESS 524 Wilson St.	
18. 153X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
ANTECEDENT CAUSES		(A) Carcinoma of Descending Colon	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(B) DUE TO	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 9-12, 1953, to 9-19, 1953, that I last saw the deceased alive on 9-19, 1953, and that death occurred at 9:00 A. M., from the causes and on the date stated above.	
23A. SIGNATURE E. Chamberlin		23B. ADDRESS 558 W. Madison St.	
23C. DATE SIGNED 9/22/53		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE 9/23/53		24C. NAME OF CEMETERY OR CREMATORY Baltimore National	
24D. LOCATION (City, town, or county) Baltimore, Maryland		25. FUNERAL DIRECTOR Charles R. Law, 802 Madison Avenue	
DATE RECEIVED BY LOCAL REGISTRAR SEP 22 1953		REGISTRAR'S SIGNATURE	

9703C

REPORT OF THE SECRETARY OF THE ARMY
ON THE PROGRESS OF THE ARMY
DURING THE YEAR 1932

The following is a summary of the progress of the Army during the year 1932. The Army has made significant progress in many areas, including the development of new weapons, the improvement of existing weapons, and the training of personnel. The Army has also made significant progress in the development of new tactics and the improvement of existing tactics. The Army has also made significant progress in the development of new equipment and the improvement of existing equipment. The Army has also made significant progress in the development of new personnel and the improvement of existing personnel. The Army has also made significant progress in the development of new facilities and the improvement of existing facilities. The Army has also made significant progress in the development of new personnel and the improvement of existing personnel. The Army has also made significant progress in the development of new facilities and the improvement of existing facilities.

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53 8499

53 8499

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
James Jim Robinson		9/18/53	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) OSPITAL OR INSTITUTION 1302 W. Lafayette Avenue		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
7. Length of stay in Baltimore Yrs. Mos. Days		8. STREET ADDRESS (If rural, give location) 1302 W. Lafayette Avenue	
9. SEX Male	10. COLOR OR RACE Negro	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	12. DATE OF BIRTH June 4, 1896
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cement Finisher		14. AGE (In years last birthday) 57	
15. KIND OF BUSINESS OR INDUSTRY Construction		16. BIRTHPLACE (State or foreign country) Waynesboro, Ga.	
17. FATHER'S NAME Unknown		18. CITIZEN OF WHAT COUNTRY? U. S. A.	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		20. SOCIAL SECURITY NO. 203-10-4604	
21. FATHER'S NAME Unknown		22. MOTHER'S MAIDEN NAME Unknown	
23. INFORMANT Gertrude Robinson-1302 W. Lafayette		24. ADDRESS	

18. 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Metastatic Carcinoma DUE TO Intestine, probable primary site (B) (C)		19. INTERVAL BETWEEN ONSET AND DEATH 6 mos
20. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

22. DATE OF OPERATION	23. MAJOR FINDINGS OF OPERATION	24. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
25. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	26. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	27. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
28. TIME (Month) (Day) (Year) (Hour) INJURY	29. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	30. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-15, 1953 to 9-18, 1953 that I last saw the deceased alive on 9-18, 1953, and that death occurred at 10:00 p.m., from the causes and on the date stated above.

31. SIGNATURE Carroll P. Smith	32. ADDRESS 1709 Gwynn Falls Pkwy	33. DATE SIGNED 9-21-53
34. BURIAL, CREMATION, REMOVAL (Specify) Burial	35. DATE 9/23/53	36. NAME OF CEMETERY OR CREMATORY Balto. National
37. DATE RECEIVED BY LOCAL REGISTRAR	38. REGISTRAR'S SIGNATURE Carlington S. Phillips	39. LOCATION (City, town, or county) (State) Baltimore, Maryland
40. FUNERAL DIRECTOR 1808 N. Monroe Street		

See query reply in Document file

53 8500

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 8500

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sidney Emory Johnson

2. DATE
OF
DEATH

9/18/53

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2439 Guilford Avenue

Yrs.
Mos.
Days

C. Length of stay in Baltimore

35

5. SEX

Male

Colored

7. SINGLE, MARRIED,
WIDOWED DIVORCED (Specify)

Married

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2439 Guilford Avenue

8. DATE OF BIRTH

10/1/1899

9. AGE (In years
last birthday)

54

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Crane Operator

10B. KIND OF BUSINESS, OR
COUNTRYBalto. Air Coil
Company, Inc.

11. BIRTHPLACE (State or foreign country)

Charles County, Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Robert Johnson

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

216-09-2608

17. INFORMANT

ADDRESS

Mary A. Johnson- 2439 Guilford Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cardio Vascular Renal

6 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Dissecting Coronary Thrombosis

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/13, 1953, to 8/1, 1953, that I last saw the
deceased alive on 8/1, 1953, and that death occurred at 1:40 A. M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

600 N. Arlington Avenue

23C. DATE SIGNED

9/18/53

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

9/22/53

24C. NAME OF CEMETERY OR CREMATORY

Mt. Zion Cemetery

24D. LOCATION (City, town, or county)

Lansdown, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

Arlington S. Phillips
1808 N. Monroe Street

ADDRESS

John J. Connelley

John J. Connelley

22

2200 11th Avenue

100 11th

100 11th

John J. Connelley

John J. Connelley

Unknown

Unknown

11-11-11

11

John J. Connelley

John J. Connelley

John J. Connelley

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